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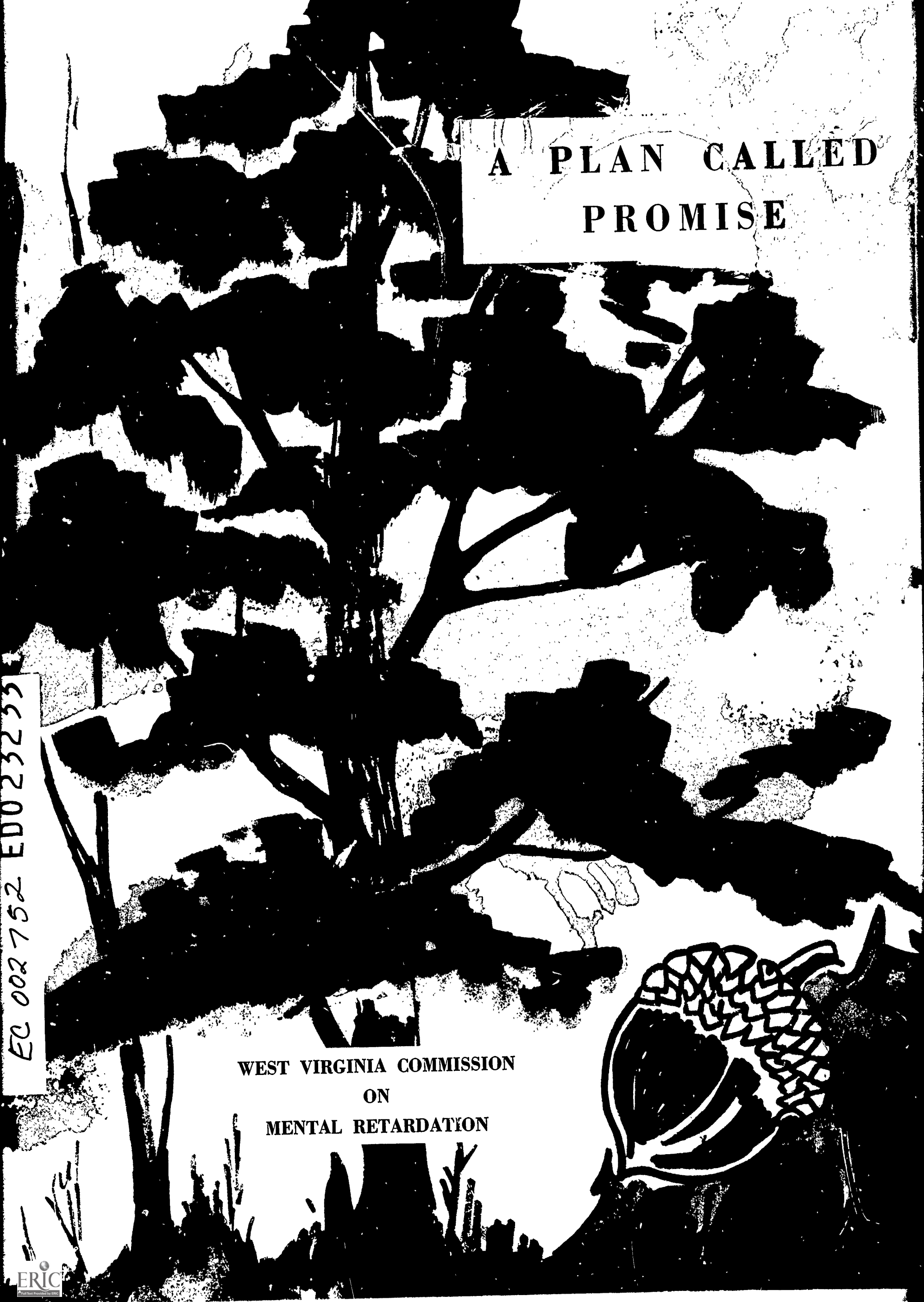
Recommendations of the West Virginia Commission on Mental Retardation are summarized for both legislative action and major supplementary requests, and basic principles of the state plan are given. Descriptions are given of the state plan organization as a whole and programs for community facilities (diagnostic and treatment centers and community care), state institutions, education and rehabilitation, manpower (training of personnel, cooperative inservice training, and training jurisdiction), employment, prevention and research, protective care, and public awareness. Appendixes include the law creating the Commission, background data, present services for the mentally retarded, agencies' definitions of mental retardation, four tables, and lists of the commissioners, the advisory committee, the office staff, and regional citizens' committees on mental retardation. A bibliography of three items is included. (SN)

A PLAN CALLED PROMISE



WEST VIRGINIA COMMISSION
ON
MENTAL RETARDATION

A PLAN CALLED PROMISE

WEST VIRGINIA COMMISSION ON MENTAL RETARDATION

If the Governor finds time to help the mentally retarded, what are you doing that's so important?

Charles M. Loeve

COMMISSION ON MENTAL RETARDATION

1724 WASHINGTON STREET E.
CHARLESTON, WEST VIRGINIA 25311

April 27, 1966

DR. ALLEN BLUMBERG
PLANNING COORDINATOR

The Honorable Hulett C. Smith
Governor of West Virginia
State Capitol Bldg.
Charleston, West Virginia

Dear Governor Smith:

We have the pleasure of submitting to you the state comprehensive plan on mental retardation, titled: "A PLAN CALLED PROMISE".

This plan is the result of deliberations of the members of the Commission, the Advisory Committee, plus interested lay and professional citizens throughout the state.

We hope that this report will aid you and the citizens of this state in making a reality the promise that the mentally retarded are worthy of our help.

This report was supported in part by a mental retardation planning grant awarded by the Public Health Service, Department of Health, Education and Welfare.

We welcome reactions and suggestions from you.

Sincerely,

M. Mitchell-Bateman

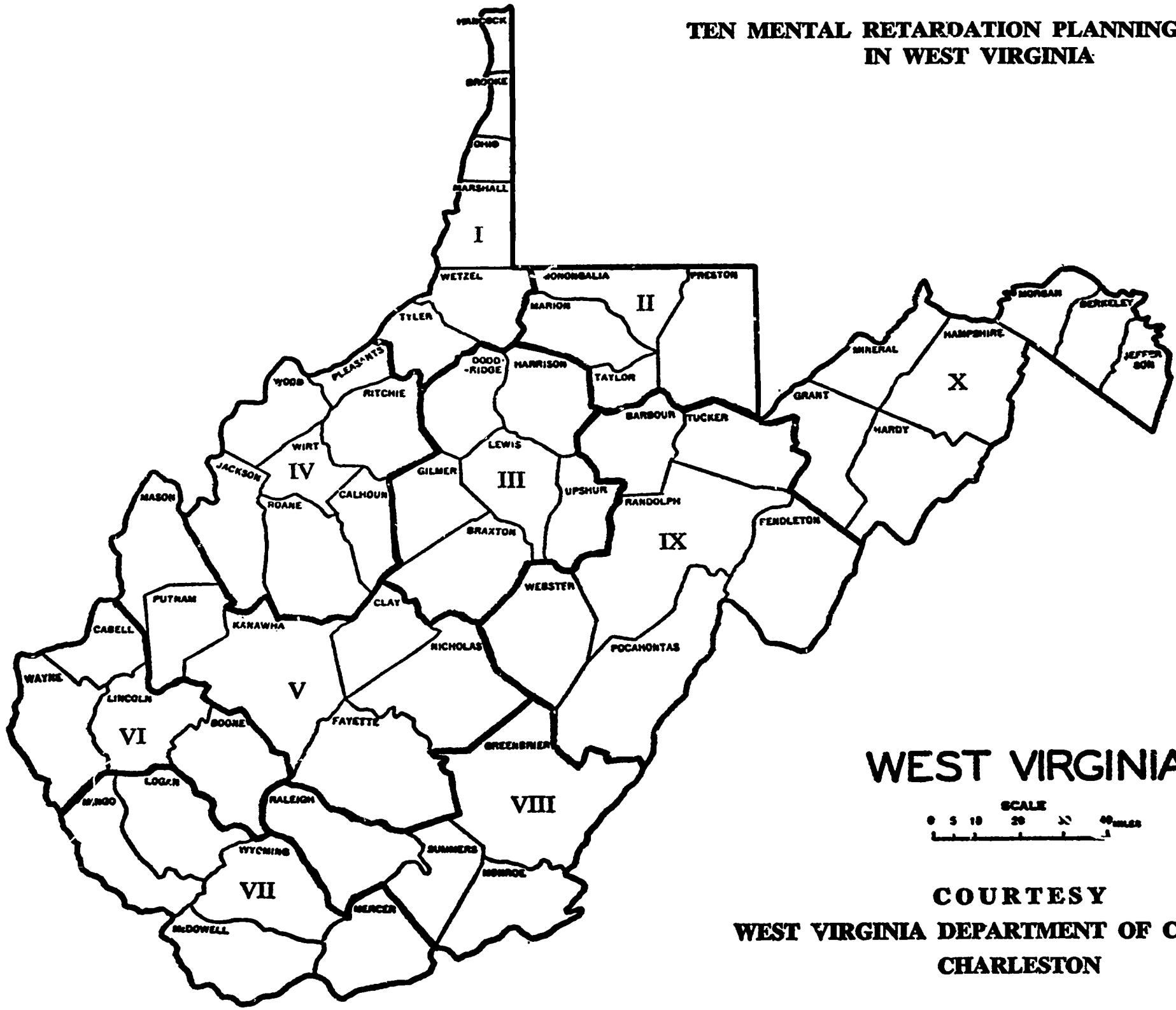
M. Mitchell-Bateman, M. D.
Chairman of the Commission

Allen Blumberg

Allen Blumberg, D. Ed.
Planning Coordinator

AB/mac

TEN MENTAL RETARDATION PLANNING AREAS IN WEST VIRGINIA



WEST VIRGINIA

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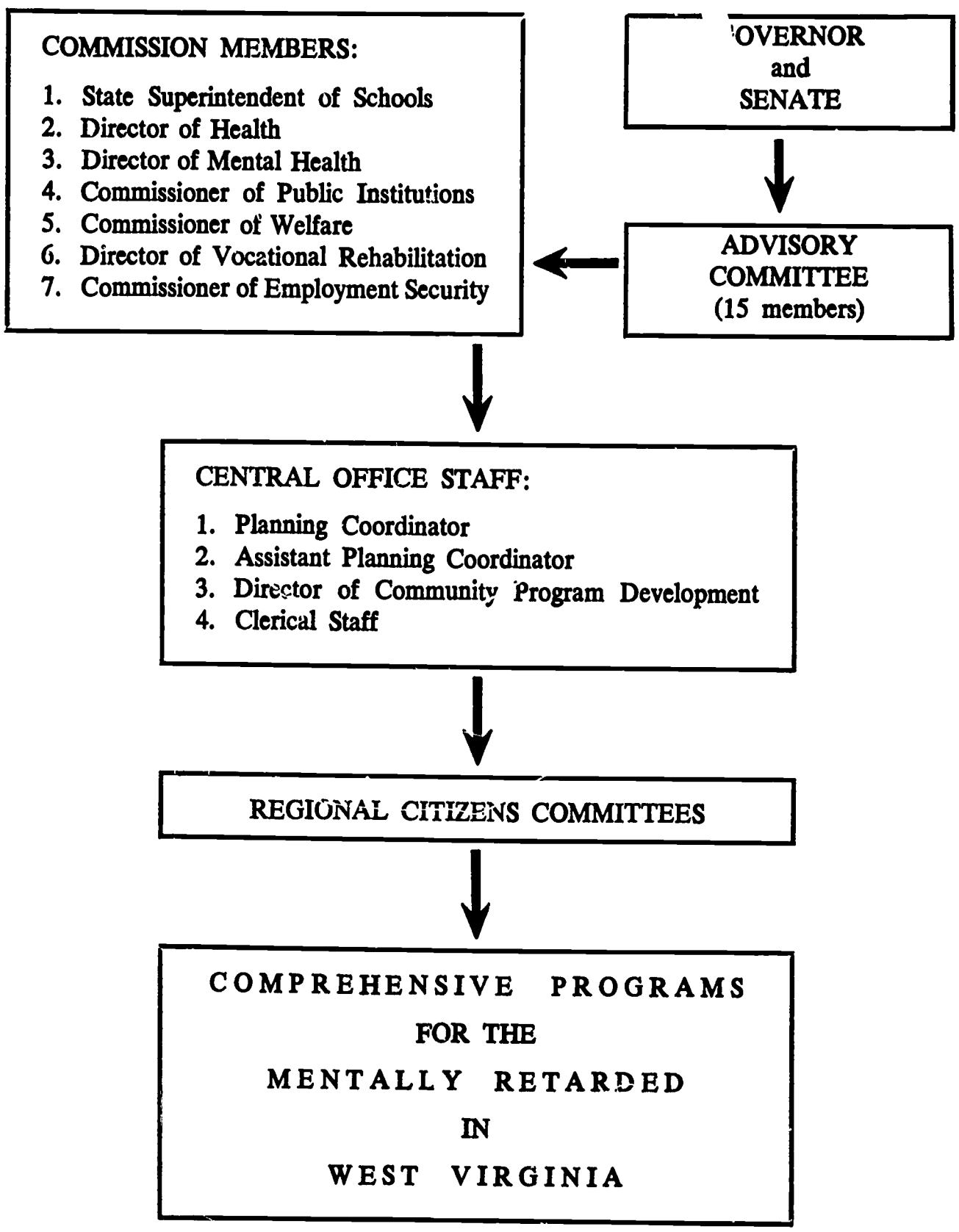
COURTESY
WEST VIRGINIA DEPARTMENT OF COMMERCE
CHARLESTON

ORGANIZATION CHART
OF
WEST VIRGINIA COMMISSION
ON
MENTAL RETARDATION



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SUMMARY OF RECOMMENDATIONS

A. FOR LEGISLATIVE ACTION

It is recommended that:

1. The state law creating the Commission on Mental Retardation be amended to authorize each Commissioner to appoint a designee to represent his respective department at meetings of the Commission. Each designee shall have the authority to vote on all issues presented at meetings of the Commission on Mental Retardation.

2. The state law creating the Commission on Mental Retardation be amended to authorize the office of the Commission on Mental Retardation to:

   a. Act as a fixed point of referral for getting the mentally retarded to the proper state or local agency.

   b. Act as a fixed point of referral for all state inter-agency programs for the mentally retarded and for consultation on all special projects or grants concerning the mentally retarded. This Commission shall not be authorized to operate any of these service programs.

   c. Act as a fixed point of referral for all information relating to Federal and state programs for the mentally retarded.

   d. Act as a fixed point of referral for getting special help for any local community projects related to mental retardation.

   e. Act as a fixed point of referral for disseminating information regarding resources available for working with the mentally retarded.

3. The State Legislature change from permissive to mandatory the state law relating to the establishment of special classes for the mentally retarded in public schools of the state.

4. The State Legislature approve the allocation of funds to the director of the Division of Special Education in the Department of Education for summer school training of teachers of mentally retarded.

5. The State Legislature appropriate supplementary funds to the Division of Special Education to educate the mentally retarded in the additional special classes.

6. The State Legislature appropriate funds to the Division of Special Education to be used for scholarships during the academic year for qualified individuals wishing to take training in professional fields related to mental retardation.

7. The State Legislature appropriate funds to the office of the Commission on Mental Retardation to implement a cooperative in-service training program for professional and nonprofessional personnel in state agencies working with the mentally retarded.

8. The State Legislature appropriate funds to the office of the Commission on Mental Retardation specifically for use as a small research grant award.

9. The State Legislature appropriate funds to the office of the Commission on Mental Retardation to establish a centralized registry file on mental retardation.

10. The State Legislature appoint an interim committee to review all state laws affecting the mentally retarded in order to prepare a report suggesting necessary changes in such state laws, to be presented to the State Legislature at its next session.

B. MAJOR SUPPLEMENTARY REQUESTS

It is recommended that:

1. The West Virginia Commission on Mental Retardation and all state agencies accept the definition of mental retardation as proposed by the American Association on Mental Deficiency as the state's common frame of reference.

2. The Commission on Mental Retardation hire a director of Community Program Development.

3. The Regional Citizens Committees on Mental Retardation be responsible for taking the initiative for developing and implementing the comprehensive plan at the regional level.

4. The highest priority be given to the development of consolidated diagnostic and treatment centers at schools of higher learning in our state.

5. The proposed diagnostic and treatment center at West Virginia University be primarily for medical treatment and preventive research with other diagnostic and treatment centers to be service oriented. Each diagnostic and treatment center shall develop satellite teams to serve the rural population.

6. The second priority be given to the development of community residential care facilities.

7. High priority be given to placing young mentally retarded individuals, now living in state institutions, in community facilities.
8. The administration of the proposed community facilities remain a community responsibility.
9. The state plan of Public Law 88-164, developed by the Bureau of Hospitals and Medical Facilities of the State Department of Health, be the guideline for developing community residential care facilities.
10. The Division of Special Education employ a full time supervisor of programs for the education of the mentally retarded.
11. The Division of Special Education take the initiative in developing material centers for use by teachers of special classes for the mentally retarded.
12. The Director of Special Education initiate conferences to establish certification requirements for administrators and supervisors of special education programs, for teachers of the educable mentally retarded and teachers of the trainable mentally retarded.
13. County school boards be encouraged to apply for funds under Title I of the Elementary and Secondary Education Act of 1965 to establish preschool programs for the mentally retarded.
14. County school boards be encouraged to develop in-service training programs for teachers of the mentally retarded.
15. The Division of Vocational Rehabilitation work with the Division of Special Education and county school systems to develop educational and rehabilitation programs for the mentally retarded at the secondary school level.
16. The Division of Vocational Rehabilitation work with the Division of Special Education and county school boards to jointly explore the possibility of operating half-way houses in the community for those mentally retarded who need this type of additional help.
17. The educational program at the Colin Anderson Center be aided by professional supervision of the Division of Special Education.
18. The professionals in state departments and in various fields offering direct services to the mentally retarded re-evaluate their responsibilities to see what type of responsibilities could be delegated to people with less formal training.
19. The state agencies concerned with mental retardation cooperate to establish training programs for personnel for community care facilities.
20. The office of the Commission on Mental Retardation develop cooperative in-service training programs for professional and nonprofessional personnel in state agencies concerned with mental retardation.
21. The Division of Vocational Rehabilitation assume the leadership for establishing training programs for preparing the mentally retarded for employment.
22. The Division of Vocational Rehabilitation assume leadership for developing sheltered workshops.
23. The Department of Employment Security be primarily responsible for finding suitable employment for the mentally retarded in the community and in regional offices of Federal, state and local governmental agencies throughout the state.
24. Through their cooperative agreement, the Department of Employment Security and Division of Vocational Rehabilitation be responsible for a program of job development specifically providing for an analysis of job opportunities for the mentally retarded.
25. The Division of Vocational Rehabilitation and the Department of Employment Security jointly explore methods for developing among employers more favorable attitudes toward hiring the mentally retarded.
26. The Department of Health and the Department of Welfare explore the possibility of using sociologists who are trained in the mores of the culturally deprived.
27. The Department of Health and the Department of Welfare consider the possibility of using the facilities and personnel recommended for the proposed diagnostic and treatment centers, plus their satellite teams, to carry out their programs.
28. The office of the Commission on Mental Retardation use every means possible to improve the public's image of the mentally retarded.
29. The Department of Mental Health should:
    a. Create separate institutions for:
        (1) Middle aged and elderly mental retardates, with programs that will encourage these individuals to participate in activities which will give them a sense of accomplishment.
        (2) Custodial care cases, with a strong operant conditioning program.
    b. Develop programs to train volunteers and aides to work with the professionals and nonprofessionals at Colin Anderson Center.
    c. Create a position of Director of Research and Training at the Colin Anderson Center.

INTRODUCTION

Recognizing the necessity for immediate, positive action to provide facilities and programs to assist the mentally retarded of the state, the West Virginia Legislature on February 5, 1964, created the Commission on Mental Retardation.

On June 1, 1965 the Commission employed a planning coordinator to head the exploration of the problem, determine the existing resources and recommend measures to be undertaken in combating the problem of mental retardation under a comprehensive state program. (The law creating the Commission is found in Appendix A.)

The Commission and the planning coordinator proceeded to develop a comprehensive state plan based on the following principles:

WE BELIEVE:

1. **THAT ANY MENTALLY RETARDED PERSON IS FIRST, AN INDIVIDUAL WHO IS A MEMBER OF OUR SOCIETY AND SECONDLY, AN INDIVIDUAL WHO HAS A HANDICAP THAT REQUIRES SPECIALIZED ATTENTION.**
2. **THAT MENTAL RETARDATION IS PRIMARILY A COMMUNITY PROBLEM, THEREFORE, IT IS IMPERATIVE THAT THE LOCAL COMMUNITY BE ENCOURAGED TO TAKE THE INITIATIVE FOR SERVICES AND PROGRAMS FOR THE MENTALLY RETARDED.**
3. **THAT IT IS NECESSARY THAT THE COMMUNITY IDENTIFY THE MENTALLY RETARDED CHILD AS EARLY AS POSSIBLE AND PROVIDE APPROPRIATE SERVICE.**
4. **THAT PARENTS SHOULD BE ENCOURAGED TO PROVIDE OVERALL LIFETIME CARE FOR THE MENTALLY RETARDED WITH PROPER COUNSELING AND GUIDANCE.**
5. **THAT IT IS VITAL TO CHANGE THE PUBLIC'S IMAGE OF THE MENTALLY RETARDED BY EMPHASIZING THE CAPABILITIES AND NOT THE LIMITATIONS.**
6. **THAT IT IS THE DUTY OF STATE AGENCIES WHICH SERVE THE MENTALLY RETARDED TO SHOW THAT THE MAJORITY OF THE RETARDED CAN BECOME AN ASSET AND NOT A LIABILITY TO THE STATE.**
7. **THAT THE SECONDARY SCHOOLS AND THE SCHOOLS OF HIGHER LEARNING SHOULD MOTIVATE STUDENTS TO BECOME INTERESTED IN THE FIELD OF MENTAL RETARDATION.**
8. **THAT IT IS ESSENTIAL FOR THE SCHOOLS OF HIGHER LEARNING IN OUR STATE TO DEVELOP PROGRAMS TO PREPARE AND TRAIN COLLEGE STUDENTS TO WORK WITH THE MENTALLY RETARDED.**
9. **THAT IT IS IMPERATIVE THAT SPECIALIZED PRE-SERVICE AND IN-SERVICE TRAINING SHOULD BE PROVIDED FOR ALL PERSONS WHO WORK WITH THE MENTALLY RETARDED.**
10. **THAT IT IS NECESSARY TO ENCOURAGE RESEARCH, WHETHER IT BE FOR PREVENTION OR LEARNING NEW TECHNIQUES FOR PROVIDING SERVICES FOR THE MENTALLY RETARDED.**
11. **THAT STANDARDS FOR SERVICES AND PROGRAMS FOR THE MENTALLY RETARDED IN EXISTING STATE AGENCIES SHOULD BE STANDARDIZED AND CORRELATED.**
12. **FINALLY, THAT THE WEST VIRGINIA COMMISSION ON MENTAL RETARDATION SHOULD SERVE AS THE COORDINATOR AMONG ALL THOSE STATE AGENCIES WHICH CAN AND DO PROVIDE SERVICES TO THE MENTALLY RETARDED.**

Various activities to determine the extent of the problem, the needs and existing resources, were then initiated. These included the compilation of a vast amount of data, holding of public hearings in ten centers throughout the state, assignment of task force studies to various qualified individuals, evaluation of their subsequent reports, consideration of similar plans from other states and consideration of suggestions from interested individuals. This report has evolved on the basis of these studies and from these sources. (Appendix B).

The survey of existing resources within state agencies revealed that a number of state departments presently provide some programs which include a number of services to the mentally retarded. (Appendix C, Appendix D, Chart II.)

It also was brought out that various state agencies employ different definitions and terminology in referring to mental retardation and the mentally retarded. (Appendix D, Chart I.) To properly coordinate state and local activities in dealing with mental retardation, the Commission decided it was necessary to adopt a definition of mental retardation and terminology for classification of the mentally retarded that can be used as a common frame of reference by all state agencies. This does not mean that the state agencies will have to give up their specific professional terminology in regard to mental retardation, but that their terminology will be correlated to the common terms suggested by the office of the Commission on Mental Retardation.

The definition developed by the American Association on Mental Deficiency, therefore, was adopted by the Commission:

> **MENTAL RETARDATION REFERS TO SUBAVERAGE GENERAL INTELLECTUAL FUNCTIONING WHICH ORIGINATES DURING THE DEVELOPMENTAL PERIOD AND IS ASSOCIATED WITH IMPAIRMENT IN ADAPTIVE BEHAVIOR.**[1]

The Commission also has adopted as its own, the following classification of mental retardation as developed by the American Association on Mental Deficiency:[2]

Mildly Retarded	I.Q. 53-68
Moderately Retarded	I.Q. 36-52
Severely Retarded	I.Q. 20-35
Profoundly Retarded	I.Q. Below 20

The line of differentation between groups is not an absolute one, and there will always be borderline cases. Also, a retardate may move in and out of the various subclassifications as the individual is able to adjust to society. The A.A.M.D.'s **Monograph Supplement** should be used to obtain details of the factors involved in the above classifications.[1]

There never has been an official study of the exact number of mentally retarded individuals in this state. Therefore, the Commission is using the figure of three per cent of the population in estimating the number of mentally retarded within a given area. This is the figure in general use by the National Association for Retarded Children and the President's Panel on Mental Retardation.

On this basis, it was estimated that West Virginia has approximately 54,000 mentally retarded residents. A complete breakdown of this estimate by areas is shown in Appendix E, Table I. These are the figures used as the basis for various recommendations included in this report.

Chapter One

ORGANIZATION

Implementation of the comprehensive plan requires that an organizational structure be established and that duties, responsibilities and authority for each level be defined.

Heading the program will be the West Virginia Commission on Mental Retardation and its staff. The Commission presently is composed of heads of seven state departments and divisions: the state superintendent of schools, the director of health, the director of mental health, the commissioner of public institutions, the commissioner of welfare, the director of the West Virginia division of vocational rehabilitation and the commissioner of the West Virginia department of employment security.

However, it has not always been possible for these commissioners to attend regularly the meetings of the Commission on Mental Retardation. Therefore, it is recommended that the state law creating this Commission be amended to authorize each Commissioner to appoint a designee to represent his department at these Commission meetings. Each designee shall be given the authority to vote on all issues presented at the meetings of the Commission on Mental Retardation.

Established by legislative action, along with the State Commission on Mental Retardation, was a fifteen member Advisory Committee to be appointed by the Governor with the consent of the Senate. This committee is required to meet with the Commission at least once annually to assure that the Commission will remain responsive to the needs of the public. The Advisory Committee also has the purpose of advising the Commission on the development of plans and programs.

In the short time this Commission has been in operation it has become apparent that there is confusion in the minds of the public as to which state department or division does what for the mentally retarded. Desperately needed is a fixed point of referral for information, advice, programming and dissemination of knowledge.

For this reason, it is recommended that, through legislative action, the law creating the Commission on Mental Retardation be amended to authorize the office of the Commission on Mental Retardation to:

1. **ACT AS A FIXED POINT OF REFERRAL FOR GETTING THE MENTALLY RETARDED TO THE PROPER STATE OR LOCAL AGENCY.**
2. **ACT AS A FIXED POINT OF REFERRAL FOR ALL STATE INTER-AGENCY PROGRAMS FOR THE MENTALLY RETARDED AND FOR CONSULTATION ON SPECIAL PROJECTS OR GRANTS CONCERNING THE MENTALLY RETARDED. THIS COMMISSION WILL NOT BE AUTHORIZED TO OPERATE ANY OF THESE SERVICE PROGRAMS.**
3. **ACT AS A FIXED POINT OF REFERRAL FOR ALL INFORMATION RELATED TO FEDERAL AND STATE PROGRAMS FOR THE MENTALLY RETARDED.**
4. **ACT AS A FIXED POINT OF REFERRAL FOR GETTING SPECIFIC HELP FOR ANY LOCAL COMMUNITY PROJECTS RELATED TO MENTAL RETARDATION.**
5. **ACT AS A FIXED POINT OF REFERRAL FOR DISSEMINATING INFORMATION REGARDING RESOURCES AVAILABLE FOR WORKING WITH THE MENTALLY RETARDED.**

In order to avoid further confusion in the minds of the public, it is recommended that all inter-agency committees and advisory committees to all state programs associated with the mentally retarded be re-examined for possible deletion of those which tend to duplicate efforts and the Advisory Committee to the Commission on Mental Retardation be designated the only advisory committee on all state projects and programs related to mental retardation. Thus, this committee would be in touch with all such projects and could help to avoid development of duplication of services. It would thereby create greater coordination of all state programs for the mentally retarded.

The Commission staff presently is composed of a planning coordinator, an assistant coordinator, a secretary, a stenographer and an office assistant.

It is recommended that an additional position be authorized, —that of a full-time director of community program development. This individual would:

a. Help to implement the state comprehensive plan through state and local agencies.

b. Serve as a liaison between the various state agencies concerned with providing services for the mentally retarded.

c. Find resources or funds outside the state budget for implementing the state plan.
d. Help the Regional Citizens Committees on Mental Retardation to plan and develop programs and facilities for the mentally retarded in their respective regions.

It is the belief of the Commission and of the President's Panel on Mental Retardation that the most effective programs to aid the mentally retarded are those which are community based and which permit the retarded to remain close to home and family while receiving services necessary for his development. For this reason the Commission has established ten regions within the state as areas for separate development of programs and facilities (See map on page I)

Further in line with the principle of community oriented services, the Commission has established ten Regional Citizens Committees on Mental Retardation (Appendix). These Regional Committees will have the key role in implementation of the state plan. Within their respective regions they will be responsible for taking the initiative in developing plans for programs for the mentally retarded and further developing means of implementing these plans, for taking the initiative in securing information on resources available for the retarded within their region and acting as a liaison between the State Commission on Mental Retardation and the local communities on problems of mental retardation. The individuals on this committee will act as the key resources persons on mental retardation in their respective counties. For example, the parent of a mental retardate who is seeking help could contact these individuals to learn what services are available.

It must be fully understood that the specific responsibility of the Regional Citizens Committee on Mental Retardation is to take the initiative in developing programs and means of implementing them on a regional basis. **HOWEVER, THESE COMMITTEES WILL NOT HAVE THE AUTHORITY TO OPERATE THESE FACILITIES OR SERVICES.** Actual administration of such facilities and services must be the responsibility of governmental agencies or voluntary agencies.

For this reason it is recommended that the office of the Commission on Mental Retardation be authorized to establish a central data file on mental retardation and that the state legislature appropriate funds for this purpose. Such a file would be invaluable in the area of research studies and for use by state agencies in developing future plans for the retarded. It is believed that the available information, with space for addition of new data, could be put on data processing cards through usc of computers available in some state agency. Because of the confidential nature of such data, only authorized persons should have access to it.

SUMMARY OF RECOMMENDATIONS TO THE STATE LEGISLATURE

It is recommended that:

1. **The state law creating the Commission on Mental Retardation be amended to authorize each commissioner to appoint a designee to represent his respective department at meetings of the Commission. Each designee shall have the authority to vote on all issues presented at meetings of the Commission on Mental Retardation.**

2. **The law creating the Commission on Mental Retardation be amended to authorize the Commission to:**

   a. **Act as a fixed point of referral for getting the mentally retarded to the proper state or local agency.**

   b. **Act as a fixed point of referral for all state inter-agency programs for the mentally retarded and for consultation on all special projects or grants concerning the mentally retarded. This Commission shall not be authorized to operate any of these service programs.**

   c. **Act as a fixed point of referral for all information relating to Federal and state programs for the mentally retarded.**

   d. **Act as a fixed point of referral for getting specific help for any local community project related to mental retardation.**

   e. **Act as a fixed point of referral for disseminating information regarding resources available for working with the mentally retarded.**

MAJOR SUPPLEMENTARY REQUESTS

It is recommended that:

1. **A Director of Community Program Development be hired by the Commission to work out of the office of the Commission on Mental Retardation.**

2. **The Regional Citizens Committees on Mental Retardation be responsible for taking the initiative in developing and implementing the comprehensive plan at the regional level.**

3. **The office of the Commission on Mental Retardation establish a centralized data file.**

Chapter Two

PROGRAMS

1. REGIONAL COMMUNITY FACILITIES

This Commission considers mental retardation to be primarily a community level problem. This does not mean that the state wishes to shirk its responsibilities but rather that the state wishes to aid in developing facilities and programs for the mentally retarded on the community basis, emphasizing the fact that most mentally retarded individuals are capable of worthwhile participation in community life.

The Commission is well aware that the development of recommended community facilities in each county is impractical. Therefore, these recommendations are to be considered in terms of development on the regional basis.

A. DIAGNOSTIC AND TREATMENT CENTERS

The primary essential facility necessary in any regional program is a diagnostic and treatment center. The purpose of such a facility is to provide a central location where a comprehensive evaluation of the mentally retarded can be made and action taken for carrying out the recommendations. Therefore, the highest priority should be given to the development of such centers in each of the ten regions.

In each of the ten regions of the state there is at least one university or college which would be an ideal location for the development of such a center. Most schools of higher learning usually have on-going diagnostic clinics of some type and have qualified staff to operate such centers. These facilities then could become the nucleus for developing diagnostic and treatment programs for the mentally retarded.

It is unrealistic, however, to expect to develop diagnostic and treatment centers and supply adequate staff, separately, to serve the mentally retarded, the mentally ill and other handicapped individuals.

Therefore, it is recommended that each proposed diagnostic and treatment center for the mentally retarded, the mentally ill, and those with other handicaps be centralized into one full-time diagnostic and treatment center, capable of meeting the needs of all types of individuals requiring the services of such facilities. It is recommended that the schools of higher learning be authorized to assist with the development and operation of such facilities. Further, it is recommended that the diagnostic and treatment center which would be located at the West Virginia University Medical Center be primarily for medical treatment and preventive research. The proposed centers at other schools of higher learning would be service oriented.

For example, the mentally retarded individual whose parents are considering placing him at Colin Anderson Center (formerly West Virginia Training School) would be given a primary diagnosis at the regional diagnostic and treatment center. If the diagnosis indicated that the child needed medical attention, he would be sent to the West Virginia University Medical Center for proper care. However, if the diagnosis indicated a need for parental counseling, the regional diagnostic and treatment center could provide this type of help.

Also, it is recommended that each of the proposed centers develop satellite teams composed of graduate students from various professional fields of training and/or consider the possibility that these satellite teams be made up of trained personnel from various state agencies, to include in the latter situation a public health nurse, psychologist, educational diagnostician, speech correctionist, rehabilitation counselor and social worker. These satellite teams could go into the areas where help is needed but the individual would not come to the centralized diagnostic and treatment centers for various reasons.

Finally, it is recommended that the office of the Commission on Mental Retardation, jointly with the Regional Citizens Committee on Mental Retardation, personnel from appropriate state agencies and representatives of the universities and colleges, develop plans to seek Federal funds for such centers. Such funds do not have to be for construction of a new center but could be used for remodeling an existing facility. It is highly recommended at present that such groups consider the possibility of obtaining funds through Part C Title I of Public Law 88-164.

SUMMARY OF RECOMMENDATIONS FOR DIAGNOSTIC AND TREATMENT CENTERS

It is recommended that:

1. **The highest priority be given to development of diagnostic and treatment centers at schools of higher learning in our state.**
2. **Each of these diagnostic and treatment centers be consolidated centers for all individuals.**
3. **The proposed diagnostic and treatment center at West Virginia University be primarily for medical**

treatment and preventive research, with other diagnostic and treatment centers to be service oriented. Each diagnostic and treatment center should develop satellite teams.

B. COMMUNITY CARE

The Commission on Mental Retardation considers community residential care as a second priority item for regional services. The term "community care" refers to services provided by such facilities as day care centers, activity centers, sheltered workshops, half-way houses, semi-residential homes, lifetime residential centers and short term residential centers. The following is a general description of each of these services. It must be understood, however, that each of these programs can be developed for types of mentally retarded other than those mentioned in the description.

1. DAY CARE CENTER: for the preschool and school aged severely retarded who are unable to profit from formal or special schooling.
2. ACTIVITY CENTER: for the school aged and adult severely retarded who are unable to take job training or participate in any type of work experience but need some sort of program while living at home.
3. SHELTERED WORKSHOP: for the post-school aged moderately retarded who are capable of working in a sheltered environment.
4. HALF-WAY HOUSE: for the senior high school aged and post-school aged mildly mentally retarded who are capable of earning a living in the community but who need additional supervision in learning how to live in the community.
5. SEMI-RESIDENTIAL CENTER: for the school aged mildly mentally retarded who are capable of learning in a special school but who need additional help in living in a home situation in the community.
6. LIFE-TIME RESIDENTIAL CENTER: for the post-school aged moderately and severely retarded who may be able to participate in a work program and who can become a part of the community in which they live.
7. SHORT-TERM RESIDENTIAL CENTER: a place where the parents of the mentally retarded can keep their child in cases of emergencies.

The details pertaining to the development of each of these centers will need to be planned through the Regional Citizens Committee on Mental Retardation with assistance of representatives from governmental and voluntary agencies. For example, a community needing legal assistance in developing its center will call upon the Commission office which then would ask the Attorney General's office to provide such assistance. It is recommended that during the next year each Regional Citizens Committee develop plans for the facility it feels is needed immediately to provide a vital community service for the mentally retarded and then develop long range plans for the facilities it feels will be needed in the future. "The West Virginia State Plan for Mental Retardation Facilities Construction Program" which was developed by the Bureau of Hospitals and Medical Facilities in the Department of Health, should be used as a guideline.

The Commission on Mental Retardation recommends that the Regional Citizens Committees explore the possibility of providing space in the proposed facility for the younger mentally retarded who are now living in state institutions. For example, the mildly mentally retarded of school age who are in the state institutions could be placed in the semi-residential center in a community. The Commission recommends that consideration be given to eventual placement of other types of mentally retarded in proposed community facilities. The mentally retarded who are in state institutions and have a prognosis of being able to adjust if they lived in a community facility need the help of such a plan much more at the moment than do the mentally retarded who are living at home.

In order to encourage the development of this recommendation the Commission highly recommends that the Department of Mental Health and the Department of Welfare work jointly with Regional Citizens Committees to find ways and means of solving the financial obligations entailed in placing state wards in the proposed facility. If this idea is carried out, the Colin Anderson Center would eventually become a state institution for only the severely and profoundly retarded.

The Commission also strongly urges that the Regional Citizens Committees consider the possibility of developing facilities near the schools of higher learning. These community facilities could become excellent laboratories for training college students, particularly those college students expecting to become teachers. The actual administration of these centers must be the responsibility of a non-profit group.

It is highly recommended that the Regional Citizens Committees submit to the Bureau of Hospitals and Medical Facilities in the Department of Health their proposals for initial facilities as soon as possible.

Consideration of manpower that is needed for these facilities will be handled in a separate section.

The educational and rehabilitation programs which are essential for any regional community plan will also be discussed in separate sections.

SUMMARY OF RECOMMENDATIONS FOR COMMUNITY CARE:

It is recommended that:

1. **The second priority be given to the development of community residential facilities.**
2. **The Regional Citizens Committees take the initiative in developing plans for the type of facility it feels is needed immediately and for those it feels should be included in long range planning.**
3. **The Regional Citizens Committee consider the possibility of giving top priority to placing young mentally retarded individuals, now living in state institutions, into such facilities.**
4. **The administration of the proposed community residential facilities be made a community responsibility.**
5. **The guideline for developing community residential care facilities be "The West Virginia State Plan for Mental Retardation Facilities Construction Program", developed for carrying out Public Law 88-164.**
6. **The state help in the development of these facilities in any way possible. For example, the state could assist by providing surplus state land or buildings, if available and adequate for use in developing these projects.**

2. STATE INSTITUTIONS FOR THE MENTALLY RETARDED

The trend in this plan has been toward the development of facilities and services for the mentally retarded on a regional community basis. This approach is compatible with the national trend of attempting to keep the mentally retarded closer to their respective communities.

In this plan it is recommended that one of the top priorities be given to placing those school aged mentally retarded who are now residing in the state institutions in proposed regional community facilities.

However, even if this recommendation were to be carried out, there will always remain the need for having state institutions for those mentally retarded who cannot fit into proposed regional community facilities. Specifically, there are two groups of such retardates. One group consists of the middle aged and elderly retarded. At present there are approximately 571 of these individuals residing in our state hospitals for the mentally ill. (Appendix E, Table III.) The second group is made up of the severely and profoundly retarded (usually referred to as "custodial cases"). (Appendix E, Table IV.)

In developing any type of institution for mental retardates it is necessary to break away radically from past tradition of what is an institution for the mentally retarded. In the past the concept has been that the institution is a place where mental retardates are to be kept physically comfortable. The traditional format for operating these particular institutions has been to provide basic services for the mentally retarded through mass living, mass movement and mass activity. The patients of these institutions (particularly members of the two groups described earlier) are usually pictured as depressing, drab looking individuals who are herded from one activity to another.

The break from traditional ways demands radical changes. For example, in regard to the physical plant the concept of large dormitory buildings must be altered to that of cottage style homes. It is only through cottage style homes that we can provide small group activity so that more attention can be given to the needs of the individual retardates.

Therefore, it is recommended that the Department of Mental Health create separate institutions for (1) middle aged and elderly mental retardates and (2) for custodial care cases. It is possible to fulfill this recommendation by reshifting the populations at the state hospitals for the mentally ill so that one of these hospitals could then become a center for one of these two groups. It may also be possible to develop a new center for one of these two groups of retardates through taking advantage of Federal legislation, i.e. Public Law 88-164.

It is further recommended that all future new buildings for state institutions for the mentally retarded be constructed in line with standards suggested in the West Virginia State Plan for Mental Retardation Facilities Construction Program as developed by the Bureau of Hospitals and Medical Facilities of the Department of Health.

Finally, it is recommended that consideration be given to the idea of developing all new institutions for the mentally retarded near urban cities, particularly those urban cities that have hospitals and schools of higher learning.

However, the development of physical plants is not the sole panacea to the problem. We must be vitally concerned about the types of activities that are taking place within the physical plants. For example, the middle aged and elderly mentally retarded frequently need a variety of activities far more than they need full time nursing care. It is often assumed that these individuals are so limited in mental capacity that they must be considered children and therefore, they are offered childish activities. This traditional approach is followed because we assume they are not capable of doing anything else.

It would appear that these particular retardates, through guidance and counseling, can be helped to realize that they can do something. They need help in learning to participate in programs of employment such as the activities that take place in a sheltered workshop. They also need to participate in recreational activities that will encourage the following of personal interests. In short, they need an approach that will make them feel that they are people with human dignity, worthy of being part of our society.

The history of services for the mentally retarded points out that little, if anything, has been developed by way of a program for the custodial mentally retarded that offers any real encouragement. The traditional approach is to isolate these particular retardates in separate facilities in the state institution. The isolation is usually one that allows for no association with anyone—not even with other types of retardates. This approach has been used because we have felt that nothing could be done for them.

The question that needs to be answered is whether we wish to continue using this approach. At present several institutions in this country are experimenting with application of the psychological concept known as "operant conditioning." It is through this approach that they are training retardates to be capable of feeding and dressing themselves, bathing and toileting and participating in recreational activities. The preliminary results of these studies offer much encouragement. Thus, there is hope, provided we have properly trained individuals handling these retardates.

The development of these suggestions is totally dependent upon the available personnel associated with the mentally retarded to carry out these newer approaches. For example, the ability to put into practice the operant conditioning for the custodial mentally retarded in relationship to primary skills, calls for close supervision. The attendants must have more freedom to work directly with the retarded and not be bound by spending most of their time doing reports.

The Department of Mental Health should be highly praised for what it has been doing so far with Federal grants to train employees to work more adequately with the mentally retarded at the Colin Anderson Center. However, the shortage of personnel limits what can be done.

It is, therefore, recommended that the Department of Mental Health (1) develop cooperative programs with the schools of higher learning in our state to have students in various disciplines of learning do part of their training at the Colin Anderson Center; (2) develop programs to train volunteers and aides to work with the professional and nonprofessional personnel at the Colin Anderson Center; (3) develop jointly with the Department of Employment Security proposals to obtain Federal funds to retrain the unemployed to become assistants in state institutions for the mentally retarded; (4) develop jointly with the Division of Vocational Rehabilitation proposals to obtain sheltered workshops for the middle aged and elderly retardates; and (5) create a budgeted position of Director of Research and Training at the Colin Anderson Center. It would be the duty of this director to develop research proposals and be responsible for the training of all personnel associated with the mentally retarded at this institution and the proposed new institution.

SUMMARY OF RECOMMENDATIONS

It is recommended that the Department of Mental Health:

1. **Create separate institutions for:**
   a. **Middle aged and elderly mental retardates, with programs that will encourage these individuals to participate in activities which will give them a sense of accomplishment.**
   b. **Custodial care cases, with a strong operant conditioning program.**
2. **Develop programs to train volunteers and aides to work with the professionals and nonprofessionals at the Colin Anderson Center.**
3. **Create a position of Director of Research and Training at the Colin Anderson Center.**

3. EDUCATION AND REHABILITATION

A vital necessity of any plan for the mentally retarded is a well developed education and rehabilitation program. During the school year 1964-65, there were only 137 special education classes. A total of 1,982 mentally retarded students was being educated in these special classes. This is insignificant in comparison to the estimated 12,820 mentally retarded students who are in

the school age range and should be in special education programs. (Appendix E, Tables I & II). During the same school year 21 of the 55 counties had no special education programs for the mentally retarded.

The history of education and rehabilitation programs for the mentally retarded has shown that we do not get these individuals into proper programs early enough. All too often the mentally retarded are placed in special classes after years of failure and frustration in the regular classroom.

Early identification of the mentally retarded and establishment of special classes at the pre-school level, as well as in the primary and intermediate grades, will give any mental retardate a solid foundation that is geared for later success. This could be brought about only through legislation for the mandatory establishment of special classes for the mentally retarded.

It is estimated that approximately 50 per cent of the mental retardation appearing in children of school age could be prevented or alleviated if they were placed in special classes early enough. This is substantiated by the fact that there is a very high correlation between cultural deprivation and the retardation known as "mild mental retardation".

However, it must be understood that a worthwhile special educational program must be developed for each specific classification of mental retardation. Thus, an educational program set up for the mild retardate is unsuitable for the moderate retardate. Also the educational program must not be considered merely a "watered-down" version of the traditional curriculum for normal children.

At present there are only five counties in the state with classes for the mentally retarded in the secondary schools. It may be that school personnel do not see the necessity for having classes for the retardate at the secondary level and, therefore, indirectly, or directly, they encourage the mentally retarded to drop out of school at too early an age.

The Division of Vocational Rehabilitation has played a major role in developing programs for preparing the mentally retarded for employment. Project 957, a program of state wide rehabilitation services for the mentally retarded, has shown that we are preparing and sending the mildly mentally retarded out for full employment at too early an age.[3]

It can be concluded from this particular study that a specific job training program, which is the essence of many secondary programs for the mentally retarded, should be deemphasized in deference to a pre-job training program. It appears that the retardates need longer periods for training them to become good employees on a job rather than knowledge of specific job characteristics. The curriculum for the mentally retarded on the secondary level must emphasize social and occupational growth rather than specific job training.

The education of the mentally retarded in the secondary school must be developed as a joint venture between the Division of Vocational Rehabilitation, the Division of Special Education and the local public school. Since many of the problems related to educating the mentally retarded are community oriented, it cannot be emphasized too strongly that the secondary school program for the mentally retarded should be developed in the local community public schools.

The secondary education program for the mentally retarded should also include the preparation of the moderately mentally retarded for employment in sheltered workshops. All too often the moderately mentally retarded are moved into employment in sheltered workshops without any previous training for this type work.

It is also necessary for our public schools to explore the possibility of developing special classes for the emotionally disturbed or brain injured who are also mentally retarded. These retardates require a different classroom situation for effective learning.

It is also recommended that the Division of Vocational Rehabilitation consider the possibility of developing half-way houses for those mentally retarded individuals who are in the last phase of the secondary education program and need more supervision in how to live in the community. This type of program could be developed through a joint proposal of the Division of Vocational Rehabilitation, the Department of Special Education and the county board of education through the Elementary & Secondary Education Act of 1965. These half-way houses could be patterned after the half-way houses the Division of Vocational Rehabilitation now has for the mentally ill. It is also recommended that these same agencies explore the possibility of obtaining homes for this purpose from the State Road Commission.

The transportation problem, particularly as it relates to the education of the moderately mentally retarded, has been a difficult problem for many county school systems to solve. It is recommended that county boards of education explore the possibility of obtaining funds under Title I of the Elementary and Secondary Education Act of 1965 to transport the mentally retarded in buses specifically designated for them.

Since there is a lack of well-developed materials and supplies that could be used specifically in the education and rehabilitation of the mentally retarded, there is a pressing need for developing in-service workshops for teachers and rehabilitation counselors of the mentally retarded. Therefore, it is recommended that the Division of Special Education and the Division of Vocational Rehabilitation work with the schools of higher learning to develop regional workshops for personnel working with the mentally retarded. It is also recommended that they explore the possibility of having the colleges give college credit for such in-service training programs.

There is also a need for a centralized resource center where materials and supplies for this special field can be received and disseminated. The development of this resource center could be financed under Federal funds under Title III of the Elementary and Secondary Education Act of 1965 and from P. L. 89-105.

It is also highly recommended that the schools of higher learning in our state be encouraged to explore the possibility of obtaining funds from the U. S. Office of Education and the U. S. Vocational Rehabilitation Administration to establish programs to train appropriate personnel to work with the mentally retarded.

Although the state certification requirements for teachers of the mentally retarded have been developed, it is recommended that the Division of Special Education initiate conferences to establish certification requirements for teachers of the trainable mentally retarded that are different from the requirements for the teachers of the educable mentally retarded. It is also recommended that consideration be given to the idea of mandatory legislation for the requirement of teacher aides for teachers of the trainable mentally retarded.

The growth of special education has reached the point where we must begin to establish certification requirements for administrators and supervisors for special educational programs.

Finally, it is recommended that the educational program at the Colin Anderson Center be evaluated rather critically. It is recommended that the Division of Special Education help the Department of Mental Health in developing an educational curriculum and materials and supplies specifically for the mentally retarded who are in the state institutions.

In review, it is recommended that the State of West Virginia consider the following steps for implementing the education and rehabilitation programs for the mentally retarded.

RECOMMENDATIONS TO THE STATE LEGISLATURE

It is recommended that:

1. **The State Legislature change from permissive to mandatory, the state law in relation to the establishment of special classes in public schools for the mentally retarded.**

2. **The State Legislature allocate funds to the director of the Division of Special Education for the summer school training of teachers of the mentally retarded. Details of this recommendation will be found in the section on Manpower.**

3. **The State Legislature appropriate additional funds to educate the mentally retarded in the proposed additional classes. It is estimated that it costs the State of West Virginia approximately $150 to educate the mentally retarded over and above what it costs to educate the normal child. Since an estimated 15 mentally retarded would be in each special class and an approximate 1,650 would be in these 110 new classes, the appropriation of funds will be needed to cover the additional expense of educating the mentally retarded in these new classes.**

With mandatory legislation and 110 teachers partially trained in special education programs these additional funds would be used to finance these classes. This type of program should be carried out until we have adequate special education programs for all the mentally retarded.

SUMMARY OF SUPPLEMENTARY REQUESTS

It is recommended that:

1. **The Division of Special Education employ a full time supervisor for programs for the education of the mentally retarded.**

2. **The Division of Special Education take the initiative in developing material centers for use by teachers of special classes for the mentally retarded. These material centers should be developed at one of the state colleges or universities. This type of center should be developed with Federal funds.**

3. **The State Director of Special Education initiate conferences to establish certification requirements for administrators and supervisors of special education programs, for teachers of the educable mentally retarded and teachers of the trainable mentally retarded.**

4. **County school boards be encouraged to apply for funds under Title I of the Elementary and Sec-**

ondary Education Act of 1965 for the establishment of preschool programs for the mentally retarded.

5. **County school boards be encouraged to develop in-service training programs for teachers of the mentally retarded. Also, they should explore the possibility of having the in-service training programs associated with state colleges and universities for possibility of teachers receiving college credit.**

6. **The Division of Vocational Rehabilitation, and the Division of Special Education should work with county school systems to develop educational and rehabilitation programs for the mentally retarded on the secondary level.**

7. **The Division of Vocational Rehabilitation, the Division of Special Education and county boards of education should jointly explore the possibility of operating half-way houses in the community for the retarded who need this type of additional help.**

9. **Finally, the educational program at the Colin Anderson Center should be aided by supervision of the Division of Special Education.**

4. MANPOWER

To state that there is a shortage of qualified personnel to work with the mentally retarded in this state is only to reiterate the obvious. The President's Panel on Mental Retardation recommended that the highest priority be given to the training of personnel for this field. Therefore, it follows that the state give a high priority to the training of personnel to work with the mentally retarded.

An annual appropriation should be given to the Director of Special Education to be used for scholarships during the academic year for qualified individuals wishing to take training in professional fields related to mental retardation.

The term "professional fields" should be interpreted to mean such personnel as special education teachers, speech therapists, audiologists, social workers, vocational rehabilitation counselors, psychologists, nurses, pediatricians, dentists and guidance counselors.

The Director of Special Education should be given funds for summer school scholarships to train teachers who wish to become certified to work with the mentally retarded.

The shortage of trained teachers to work with the mentally retarded is of immediate concern. If every county superintendent of schools in the state were given two scholarships worth $300 each to use in summer school programs for training teachers who wish to become certified to teach the mentally retarded, the state would have 110 partially trained teachers in specialized fields for the opening of the school year. If continuing scholarships could be used by these same individuals for three consecutive summers, we would have 110 teachers fully certified to teach the mentally retarded.

The Legislature should consider changing the law relating to the establishment of special classes from permissive to mandatory.

It is also recommended that the schools of higher learning be urged to seek Federal funds to establish training programs to train professionals in various fields to work with the mentally retarded. Specifically, it is recommended that all schools of higher learning in our state establish teacher training programs in the field of mental retardation. In this specific case Federal funds are available under Title III, Public Law 88-164. At the present time only Marshall University has qualified to receive such a grant under this Federal law.

The limited amount of manpower that is available to work with the mentally retarded necessitates the need to develop closer working arrangements across state departmental lines. Only through such an approach can we wisely use the services of the limited manpower available. In other words, one agency might borrow the services of a staff member of another agency in order to meet a specific need.

Development of a cooperative in-service training program could serve to implement such a plan. Through such a program, personnel from various agencies can learn to re-evaluate their programs and avoid duplications of service. They could learn to share and exchange ideas and suggestions for working with the mentally retarded. They could also develop brochures and handbooks on how to work with the mentally retarded.

Through this cooperative in-service training program many of the responsibilities of the professionals may become redefined so that individuals with less formal training could carry out many of these duties.

For example, many families in lower socio-economic areas who have preschool aged mentally retarded children need to learn about health care. Usually it is the responsibility of the public health nurse to develop or carry out such an activity. It seems reasonable to expect that we could train women over 40, homemakers or even senior citizens, to handle this type of activity within the home, thus allowing the public health nurse to be able to help more families. The use of

these individuals as aides is only one possibility. A detailed analysis of the responsibilities of other professionals would substantiate the need for training aides for professionals. The possibility of developing positions as aides for professional personnel is unlimited.

It would be the responsibility of the professionals to establish the criteria that would be needed for aides to take over many of these routine tasks. This could be established in a cooperative in-service training program.

The point that is being made is that the professionals, of whom we have a limited number in this state, should allow persons with less educational background to take over many of the routine tasks. We not only could offer employment to those who need it but could also allow the professionals to handle a larger number of cases of mental retardation requiring specialized care.

We will also need nonprofessional personnel to assist in operating facilities that are recommended for the programs of community care which are described in a previous section.

The half-way houses and the residential homes would need foster parents. The intangible qualities that are needed for foster parents for the mentally retarded in a residential setting are relative ones. However, it is possible for middle-aged couples or senior citizens to be trained as foster parents. It is also worth exploring the possibility of training young people as recreation supervisors for the activity centers or as teachers' aides in the special classes.

Directors and supervisors for sheltered workshops are greatly in demand. However, there are few programs available nationwide to train people for these positions. Perhaps a retired businessman could be retrained as a director and an unemployed young man could be retrained as a supervisor of a sheltered workshop.

The cooperation and coordination of various state agencies are needed in making these suggestions practical. For example, the Department of Employment Security in cooperation with the Division of Vocational Rehabilitation should establish retraining programs under the Manpower Development and Training Act, to train young men as supervisors for sheltered workshops. In order to carry out this type of retraining program the Department of Employment Security may need to use the facilities at the Rehabilitation Center at Institute, West Virginia. The Division of Vocational Rehabilitation may need to provide the personnel to train the prospective supervisors for sheltered workshops.

It is recommended that the office of the Commission on Mental Retardation be responsible for developing cooperative in-service training programs for professional and nonprofessional personnel in various state agencies.

It is also recommended that the office of the Commission on Mental Retardation be allocated state funds for development of these training courses. It is further recommended that the office of the Commission on Mental Retardation seek Federal funds to further implement these types of service training programs.

The quality of these programs should be of such nature as to warrant a certificate of merit upon completion. However, the programs must not be considered as terminal programs. They must be on a quarterly or semi-annual basis in order that those participating in these programs will have a basis on which to evaluate their progress in applying the information which they have received in the training.

The establishment of training programs to train personnel for community care facilities should be cooperative endeavors by the various state agencies concerned about mental retardation. One state agency may need to provide the personnel and another state agency may need to provide the facility to carry out the training program.

RECOMMENDATIONS TO THE STATE LEGISLATURE

It is recommended that:

1. **The State Legislature appropriate funds to the Division of Special Education to be used for scholarships during the academic year for qualified individuals wishing to take training in professional fields related to mental retardation.**
2. **The State Legislature appropriate funds to the Division of Special Education for summer school scholarships to train teachers who wish to become certified to work with the mentally retarded.**
3. **The State Legislature appropriate funds to the office of the Commission on Mental Retardation to implement a cooperative training program for professional and nonprofessional personnel working with the mentally retarded. This money could be used as a direct grant to develop such a program or be used as matching funds to obtain a Federal grant for developing such training programs.**

SUMMARY OF MAJOR SUPPLEMENTARY REQUESTS

It is recommended that:

1. **The professionals in the various fields offering**

direct service to the mentally retarded re-evaluate their job responsibilities to see what responsibilities could be carried out by people of less formal training.

2. **The state agencies concerned with mental retardation cooperate to establish training programs for personnel for community care facilities.**

5. EMPLOYMENT

The problems related to the employment of the mentally retarded do not begin nor do they end with his placement on the job. However, we do know that the mentally retarded are capable of doing specific jobs. It appears that the characteristics associated with being a good employee are ones that need to be stressed in training the mental retardates. However, it cannot be emphasized too strongly that we know very little concerning how to instill these suitable characteristics in the mentally retarded. Research has indicated that the mental retardates' difficulties in successful employment are due to: (1) placement on the job at too early an age; (2) lack of experience in getting used to the nonacademic world; and (3) deeply established negative personality characteristics.

In brief, the paramount difficulty is not in the mental retardate's ability to do a job, but in learning how to become a good employee. Therefore, it is essential that we spend more time working with the mental retardates to develop in them acceptable employee characteristics.

Perhaps the concept of a half-way house may be a partial solution. It may also be necessary to develop big brother approaches with fellow employees or with members of civic groups in the community who are associated with programs for the mentally retarded.

The establishment of training programs and the problems of job placement are two separate endeavors. Training programs prepare the mentally retarded with necessary skills needed for employment while job placement is concerned with finding suitable remunerative employment for the mentally retarded in the community.

At the present time the Division of Vocational Rehabilitation is taking the initiative in establishing most of the training programs leading to the employment of the mentally retarded. These programs range from cooperative training programs associated with special education departments of county boards of education to implementing community sheltered workshops for the mentally retarded. These approaches have been of great help in finding a place for the mentally retarded in the community. It cannot be stated strongly enough that a debt of gratitude is owed to the Division of Vocational Rehabilitation for taking the initiative in establishing such training programs.

The Department of Employment Security has played a significant role in finding suitable employment for the mentally retarded who are of employable age. The capabilities and education or training of the mentally retarded are necessary for determining proper job placement.

The overlapping of programs for the training and employment of the mentally retarded through the Department of Employment Security and the Division of Vocational Rehabilitation are such that cooperative agreements are essential between those agencies in developing approaches for the eventual employment of the mentally retarded.

The responsibility for job placement belongs primarily to the Department of Employment Security. However, there is a need for cooperative efforts between the Department of Employment Security and the Division of Vocational Rehabilitation for finding job opportunities for the mentally retarded in the community. An analysis of the job opportunities for the mentally retarded could lead to establishing training programs to prepare the mentally retarded for eventual employment on specific jobs.

In recent months the Federal government has taken the initiative in developing employment opportunities for the mentally retarded through so called blue collar jobs. It appears that the mentally retarded have proven to be rather successful employees on these particular governmental positions. Therefore, it is recommended that positions for the mentally retarded in regional Federal agencies located within the state be developed.

Also, if the Federal government can find positions for the mentally retarded within its agencies, there must be similar positions open for the mentally retarded in regional offices of state government within our state.

It is further recommended that an analysis be made of the job opportunities for the mentally retarded in state agencies and institutions located throughout the state.

The Department of Employment Security and the Division of Vocational Rehabilitation also need to spend more time in getting employers in the community to see the value of hiring the mentally retarded. All too often the employer's concept of hiring the mentally retarded is based on personal prejudice as to the worth of the mentally retarded. Many times, this personal bias

is based on misconceptions. The changing of employers' attitudes concerning the hiring of the mentally retarded is a subject that needs further investigation.

The development of sheltered workshops for the moderately retarded cannot be overemphasized. It is the moderate mental retardate who usually functions best under a protective environment. The Division of Vocational Rehabilitation should play a major role in developing sheltered workshops working with state agencies and organizations.

It is further recommended that the Division of Vocational Rehabilitation consider the possibility of exploring new avenues of work for sheltered workshops. For example, the concept of obtaining only subcontract work for sheltered workshops should be reconsidered. Through imagination and initiative it is possible for sheltered workshops to develop programs so that the retardates can produce products worthy of sale on the competitive market.

It is also necessary to consider the possibility of having the sheltered workshops in the state interact on a cooperative basis. For example, if one sheltered workshop has a contract that cannot be completed at a specific time, it could sublet part of the contract to another sheltered workshop in the state in order to fulfill the obligations of the contract.

The Division of Vocational Rehabilitation should also consider the possibility of establishing regional sheltered workshops for the mentally retarded. The fact that many communities have relatively small numbers of moderate mental retardates makes the regional sheltered workshop more feasible. Details of such a plan should be developed through the Regional Citizens Committee on Mental Retardation. There is also the need for providing work such as usually done in sheltered workshops for homebound mentally retarded individuals. This area needs further investigation and should also be developed through the Regional Citizens Committee on Mental Retardation.

The lack of personnel to administer sheltered workshops is critical. Therefore, it is recommended that the Division of Vocational Rehabilitation and the Department of Employment Security be encouraged to jointly establish training programs to train directors and supervisors for sheltered workshops.

SUMMARY OF RECOMMENDATIONS:

It is recommended that:

1. **The Division of Vocational Rehabilitation assume leadership in training programs to prepare the mentally retarded for employment.**
2. **The Division of Vocational Rehabilitation assume leadership for establishing sheltered workshops for the mentally retarded who work only under sheltered environment.**
3. **The Department of Employment Security be primarily responsible for finding employment for the mentally retarded in this state.**
4. **Through their cooperative agreement, the Department of Employment Security and the Division of Vocational Rehabilitation be responsible for a program of job development specifically providing for an analysis of job opportunities for the mentally retarded.**
5. **The Department of Employment Security and the Division of Vocational Rehabilitation explore the possibility of finding job opportunities for the mentally retarded through regional offices of Federal and state government located within this state.**
6. **The Department of Employment Security and the Division of Vocational Rehabilitation jointly develop programs to train directors and supervisors for sheltered workshops.**
7. **The Department of Employment Security and Division of Vocational Rehabilitation explore the possibility of research studies related to employers' attitudes concerning the hiring of the mentally retarded.**

6. PREVENTION—RESEARCH

The discoveries that have been made in recent years in the field of biological and behavioral sciences have vastly increased our knowledge about mental retardation. The field of biological sciences has made discoveries for the prevention of retardation—the field of behavioral sciences have discovered newer approaches for working with the mentally retarded.

Research in mental retardation must always be encouraged. Only through research can we hope to find the solutions. However, the solution of bridging the gap between discovery and application calls for immediate measures.

For example, we have known for some time that early detection of certain metabolic disorders and application of specific measures can avert the eventual development of mental retardation in a youngster. Tests to detect these disorders have been developed. However, this knowledge is not being fully applied as many hospitals do not routinely perform these tests on the newborn. Therefore, it is recommended that the Commission take the initiative in promoting programs

to inform hospitals and medical centers concerning information related to new knowledge about causations of mental retardation.

The recent discoveries of chromosome counting have offered invaluable knowledge about certain genetics and its relationship to mental retardation. Therefore, we need to have more and frequent counseling services for newlyweds or those planning to be married. The information available must be provided these lay persons in every day terms which they can readily understand.

Often our knowledge can be put into effect only through the weight of law. We know that many cases of mental retardation develop as a result of attack by the common, ordinary disease—measles. Therefore, it is recommended that the Commission on Mental Retardation take the initiative in promoting an educational program to encourage early immunization particularly for those diseases which cause mental retardation.

The Division of Maternal and Child Health in the State Department of Health has done a commendable job of establishing and operating prenatal clinics, pediatric clinics and well-child conferences. The State Department of Welfare has also done a commendable job of attempting to get help for the culturally deprived. However, these state agencies admit that they have been effective in reaching only a small number of individuals in comparison to the number who really need this type of assistance. These agencies may need to seek the help of such professionally trained persons as sociologists to find ways of applying recent discoveries to culturally deprived segments of our population and seeing that the information is applied.

We need to encourage more professional people to understand mental retardation and be willing to actively participate in efforts to solve the problem of mental retardation. This is particularly true in regard to physicians for it is to them that parents usually turn first for help.

It is not enough to say that we need more trained professional personnel to help solve this problem. It will take years before we have an adequate number of professional people in the field of mental retardation. However, society cannot wait.

RECOMMENDATIONS TO THE STATE LEGISLATURE

It is recommended that:

1. **The State Legislature appropriate adequate funds to the Commission on Mental Retardation specifically for use as small research grant awards. These awards would encourage people to attempt research projects related to mental retardation. This money could also be used as matching funds for applying for larger grants from appropriate Federal agencies and private foundations.**

2. **The State Legislature appropriate scholarships for training people to work in the field of mental retardation. This subject was discussed in the section on manpower.**

3. **The West Virginia Commission on Mental Retardation establish a centralized registry file on mental retardation. The coordination of present day knowledge that is available in various state agencies concerning retardation could prove invaluable for research.**

For example, this centralizing of information about the mentally retarded in our state could prove invaluable in relationship to birth defects. The idea of a centralized registry on mental retardation was discussed in Chapter I.

SUMMARY OF MAJOR SUPPLEMENTARY REQUESTS

It is recommended that:

1. **The Department of Health and the Department of Welfare explore the possibility of using sociologists who are trained in understanding the mores of the culturally deprived. This approach may aid in finding suitable means of understanding how to work with those individuals from lower socio-economic levels of our society.**

2. **The professionals in state departments who are working with the mentally retarded make an analysis of their job responsibilities in order that they may be able to delegate some of these responsibilities to individuals of less educational training. This subject related to aides for professionals was discussed in the section on manpower.**

3. **The Department of Health and Department of Welfare consider the possibility of using the facilities and personnel that are recommended for the proposed diagnostic and training centers, plus their satellite teams, to carry out their programs.**

4. **The office of the Commission on Mental Retardation start an intensive educational campaign to awaken the public cencerning the need for immunization against those diseases which cause mental retardation.**

7. PROTECTIVE CARE

The task force report on protective care of the

mentally retarded has clearly shown the need for alterations in the present laws and the need for new laws in the field. The complexity of this problem is such that further extensive study is needed regarding the state laws related to mental retardation before specific recommendations can be made.

Therefore, this Commission recommends that the State Legislature appoint an interim committee to review all state laws regarding the mentally retarded in order to prepare a report to present to the state legislature at its next legislative session. The office of the Commission on Mental Retardation is willing to be of service to the interim committee in any way.

This Commission further recommends that: (1) the interim committee use the task force report on protective services which was developed for this Commission and the booklet, "State Laws and Regulations Affecting the Mentally Retarded", as guidelines for analyzing our state laws relating to mental retardation; (2) the interim committee determine which terms now being used in state laws with reference to the mentally retarded need to be changed to persent day terminology; (3) the interim committee establish the definition of mental retardation and the subclassifications of mental retardation as recommended by this Commission as the state's legal definition; (4) the interim committee see that the state laws differentiate between mental illness and mental retardation.

8. PUBLIC AWARENESS

It is apparent that the public is confused concerning mental retardation. The confusion ranges from "what is mental retardation?" to "what is needed to help the mentally retarded?". Much of this could be corrected if a fixed point of referral was used to explain mental retardation.

Therefore, it is recommended that:

1. **The West Virginia Commission on Mental Retardation become the fixed point of referral for all state news concerning mental retardation.**
2. **The assistant planning coordinator of this Commission be given the responsibility of developing the public awareness program.**
3. **This Commission use the Regional Citizens Committee on Mental Retardation as the agency to improve the image of the mentally retarded on the local level.**
4. **This Commission prepare a glossary of terminology related to mental retardation for use by all state and private agencies.**
5. **This Commission prepare a monthly news letter to inform interested citizens about mental retardation.**
6. **This Commission disseminate all literature concerning mental retardation such as material outlining the names and stipulations of federal and state grants. It could also include information on what is going on in this state to help the mentally retarded.**
7. **This Commission use all types of news media to present information on mental retardation.**
8. **This Commission develop a speakers' bureau primarily to change the public's image of mental retardation. A worthwhile reminder for any speaker is to always leave a suggestion as to what the audience can do for the mentally retarded.**
9. **This Commission develop suitable material for high school students to learn about mental retardation, primarily to encourage them to enter professional fields associated with mental retardation.**
10. **Finally, this Commission should prepare a campaign to encourage businessmen to hire the mentally retarded.**

APPENDIX A

Acts of the Legislature of West Virginia,

Regular Session, 1964

(Passed February 5, 1964; in effect from passage. Approved by the Governor.)

AN ACT to amend chapter twenty-nine of the code of West Virginia, one thousand nine hundred thirty-one, as amended, by adding thereto a new article, designated article fifteen, establishing a state commission on mental retardation, prescribing its purposes, powers and duties, and establishing an advisory committee to the commission.

BE IT ENACTED BY THE LEGISLATURE OF West Virginia:

that chapter twenty-nine of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended by adding thereto a new article, designated article fifteen, to read as follows:

ARTICLE 15. STATE COMMISSION ON MENTAL RETARDATION.

Section

SECTION 1. MEMBERS.—There is hereby created the "State Commission on Mental Retardation," hereinafter referred to as the "commission." The commission shall consist of seven members, who, ex officio, shall be the state superintendent of schools, the director of health, the director of mental health, the commissioner of public institutions, the commissioner of welfare, the director of the West Virginia division of vocational rehabilitation and the commissioner of the West Virginia department of employment security.

SEC. 2. QUORUM; OFFICERS; MEETINGS.—A majority of the members of the commission shall constitute a quorum for the transaction of business. The commission shall elect a chairman, a vice chairman, and such other officers as it shall deem necessary. The commission shall meet at least two times each year. Meetings will be held upon call of the chairman or of a majority of its members.

SEC. 3. EMPLOYMENT, SALARY AND EXPENSES OF PERSONNEL.—The commission shall have authority to employ such personnel as in its judgment may be necessary to carry out the work of the commission, and to fix the salaries for such employees. The commission may, within the limits of funds available, incur traveling and other expenses necessary to the effective discharge of its powers and duties. Requisition for such expenses shall be accompanied by a sworn and itemized statement which shall be filed with the auditor.

SEC. 4. ADVISORY COMMITTEE.—There is hereby created an advisory committee to the commission to consist of fifteen members, who shall be appointed by the governor, by and with the advice and consent of the senate, to serve for three years; except that of the first appointments made pursuant to this article, five shall be made for a one-year term, five shall be made for a two-year term and five shall be made for a three-year term. Terms shall commence on the first day of July and shall end on the thirtieth day of June. In case of a vacancy due to death or resignation of a member, or otherwise, the governor may fill the unexpired term.

The advisory committee shall meet at least once a year with the commission and shall act in an advisory capacity to the commission.

Members of the advisory committee, when their attendance is requested by the chairman of the commission, may be reimbursed for actual expenses incident to the performance of their duties in an amount not to exceed twenty-five dollars per day plus an allowance of ten cents per mile for every mile actually traveled to and from such meetings.

SEC. 5. PURPOSES.—The commission shall take action to carry out the following purposes:

(a) Plan for and take other steps leading to comprehensive state and community action to combat mental retardation.

(b) Determine what action is needed to combat mental retardation in the state and the resources available for this purpose.

(c) Develop public awareness of the mental retardation problem and of the need for combating it.

(d) Coordinate state and local activities relating to the various aspects of mental retardation and its prevention, treatment, or amelioration.

(e) Consult with and advise the governor and Legislature on all aspects of mental retardation.

(f) Consult with and advise state agencies, boards or departments with mental retardation responsibilities relative to the effective discharge of such responsibilities.

SEC. 6. STATE AGENCY FOR FEDERAL MENTAL RETARDATION PROGRAM.—The commission is hereby designated and established as the sole state agency for receiving appropriations under and carrying out the purposes of section five of Public Law 88-156, eighty-eighth Congress, approved October 24, 1963, and any law amending, revising, supplementing or superseding section five of said Public Law 88-156.

The commission shall constitute the designated state agency for handling all programs of the federal government relating to mental retardation requiring action within the state which are not the specific responsibility of another state agency under the provisions of federal law, rules or regulations, or which have not been specifically entrusted to another state agency by the Legislature.

SEC. 7. DONATIONS AND GRANTS.—The commission may accept for any of its purposes and functions under this article any and all donations, any grants of money, equipment, supplies, materials, and services, (conditional or otherwise) from the United States or any agency thereof, or from any institution, person, firm or corporation, and may receive, utilize, administer and dispose of the same. The commission shall be empowered to comply with all regulations and requirements to qualify for such grants from the United States or agency thereof.

The Legislature shall authorize the necessary appropriation to carry out the work of the commission.

SEC. 8. ANNUAL REPORT REQUIRED.—On or before January one of each year, the commission shall submit to the governor and to the members of the Legislature a report summarizing the work and the activities of the commission for the preceding year.

APPENDIX B

BACKGROUND DATA

Statistical data compiled includes:

1. Population Studies, by county and area.
   a. Total—1960, 1964
   b. Per cent under age 5, 1960
   c. Per cent age 21 and over, 1960
   d. Per cent age 65 and over, 1960
   e. Per cent rural-non farm, 1960
   f. Per cent rural-farm, 1960
2. Socio-Economic Status (1960) by county and area.
   a. Median family income
   b. Per capita income
   c. Per cent income under $3,000
   d. Owner-occupied units—median value
   e. Retail sales
   f. Median school years completed
   g. Per cent over age 25 with less than 5 years school.
3. Estimated Mentally Retarded in West Virginia by county and area.
4. Public, Private and Parochial Education, 1963-1964.
   a. Net enrollment
   b. Net enrollment, special class
   c. Per capita cost
5. Public School Special Education (1964-1965) by county and area.
   a. Number of classes
   b. Number of pupils
6. Infant Death, Neonatal and Stillbirth Rates, 1960-1963.
7. Health Personnel (Physicians and Public Health Nurses) 1965.
8. Mentally Retarded Residents in State Mental Hospitals—June 30, 1964.
9. Mentally Retarded Residents in State Mental Hospitals and West Virginia Training School by Age Grouping and Degree of Mental Retardation from July 1, 1963 to June 30, 1964.
10. Mentally Retarded Residents in West Virginia Training School by Age of Admission and County of Residence, June 30, 1964.
11. Mentally Retarded Persons served by Division of Crippled Children's Services, Department of Welfare, by county and area, 1965.

The original planning proposal was then developed by, first, holding public hearings on mental retardation throughout the state. The major purpose for these hearings was to find out what the citizens in the state were doing for the mentally retarded in their local communities and what the citizens considered as the needs of the mentally retarded. These public hearings, chaired by members of the Advisory Committee, were held simultaneously on July 31, 1965 at ten centers throughout the state. These centers are located in each of the ten regions into which the state was divided for use in developing the state plan. Out of these public hearings developed Regional Citizens Committees on Mental Retardation. The idea of the Regional Citizens Committee on Mental Retardation is to have this group act as a liaison between the State Commission on Mental Retardation and the community concerning all problems related to mental retardation.

The second phase was establishing committees to work on various task forces. However, due to a technicality in state law, this plan had to be altered. The Commission decided to assign the task force studies to various qualified individuals on a contract basis.

These task force reports were then evaluated by the members of the Advisory Committee and representatives of various state agencies that work with mental retardation. At this meeting each task force report was evaluated in the following way:

a) Reaction to the specific task force report;

b) Developing of ideas that the task force report does not cover;

c) Select priority ratings concerning recommendations for implementation.

In summary, this report is based on the information obtained from the citizens' public hearings, the results of the reports of the members on the task forces, suggestions by interested citizens in the state and suggestions and ideas that have come out of other state plans.

APPENDIX C

PRESENT SERVICES FOR THE MENTALLY RETARDED

A state-wide plan for long-range comprehensive programming of services for the mentally retarded must have, as a point of departure, an assessment of those services which are now available to this sizeable segment of our population. To determine this, the planning staff surveyed all governmental and voluntary agencies known to provide relevant services, interviewed staff members and compiled resulting data. Services provided by six state departments or divisions are summarized in Appedix D, Chart II, and are described herewith in greater detail. In many instances services which are indicated are available in minimal degree due to present lack of funds and personnel.

SERVICES PROVIDED BY GOVERNMENTAL AGENCIES

I. WEST VIRGINIA DEPARTMENT OF HEALTH

1. Division of Maternal and Child Health

Under medical leadership and qualified nursing and para-medical consultants, this division gives financial support to local direct service programs which include prevention, diagnosis and evaluation, and case finding. Prenatal care, with follow-up care of mothers and newborns is provided by nine Prenatal and Hospital Delivery Service Programs and by two Special Projects for Comprehensive Maternal and Infant Care. The latter projects, whose main purpose is to help reduce the incidence of mental retardation, are sponsored jointly with county health departments, and, in one case, with West Virginia University. The Projects offer special care for the complications of pregnancy and special follow-up care up to one year for infants having medical complications incident to birth.

Screening for phenylketonuria (PKU) through Phenistix testing is routine in all well child conferences and in pediatric clinics, pediatric-cardiology clinic, the Consultation and Evaluation Clinic for Mentally Retarded Children at South Charleston and the Mental Retardation Diagnostic Clinic at West Virginia University. Over 9,000 hospital newborns in 11 hospitals were given Guthrie blood tests to detect PKU under the recent survey sponsored by the U. S. Children's Bureau and carried out by the Division of Maternal and Child Health in cooperation with the State Hygienic Laboratory.

Information gathered by the recently established Birth Defects Registry will serve as a basis for studies on infant deaths and abnormalities, including future program planning.

Diagnostic and evaluation services are available at the Consultation and Evaluation Clinic for Mentally Retarded Children at South Charleston and at the Mental Retardation Diagnostic Clinic at West Virginia University. The Mobile Medical Clinics report all handicapping conditions, including suspected mental retardation, which are detected during the physical examination of first grade students or a preschool group, such as those enrolled in Project Head Start, or in other selected age groups.

2. Bureau of Public Health Nursing

Services provided by the Bureau, through county health departments, include: (1) prevention (through early referral of expectant mothers for medical care); (2) case finding through contacts made in schools, homes and clinics; (3) referral for diagnosis and/or treatment; and, (4) follow-up services planned in cooperation with the family physician and the appropriate agency or agencies. Services are regularly available in all counties except Wirt, Pendleton and Tucker, which have emergency service only. During 1964-1965 visits were made to 1,154 retarded adults and to 1,818 retarded children, a total of 1,932 visits over those of the preceding year.

The Bureau of Public Health Nursing is also responsible for planning in-service educational programs, including those on mental retardation, for local public health nurses.

3. Bureau of Hospitals and Medical Facilities

The Bureau is responsible for administration of the state plan for construction of facilities for the mentally retarded. Federal money amounting to $225,993 is available for the two fiscal years 1965-1966 and 1966-1967.

4. Division of Dental Health

Dental services for those who are eligible, including some mentally retarded persons, are provided by the Division at the Clinic for the Chronically Ill and Aged at the Charleston Memorial Hospital.

5. Bureau of Nutrition

The nutritionists on the staff of the State Health Department include in their regular duties the following services directly related to programs for the mentally retarded: dietary instruction for patients attending pre-

natal, mental retardation and well child clinics; in-service education for public health nurses on feeding the mentally retarded child, dietary management of phenylketonuria, galactosemia and other metabolic impairments, good prenatal diet as a preventive factor, and adequate diet for the infant and young child during the vulnerable period of growth; consultation and resource material for physicians, social workers, teachers and other professional personnel; nutrition education for teen-age girls to promote good nutritional status as they enter the child-bearing years; development of diet material on phenylketonuria for use by physicians, home visits to assist with instruction of patient and family; and consultation, when requested, on food service in facilities caring for the mentally retarded.

II. WEST VIRGINIA DEPARTMENT OF EDUCATION

1. Division of Special Education

West Virginia School Law permits, rather than requires, county boards of education to provide special education classes for exceptional children, including the mentally retarded. During the school year 1964-1965 county boards of education in 34 counties served 1,982 children by providing 118 classes for 1,748 educable children, 12 classes for 150 trainable children and 7 combination classes for 84 children. (Appendix E, Table II). In three counties, 150 secondary school pupils were enrolled in a "Coordinated Program of Vocational Rehabilitation and Special Education Services for the Mentally Retarded." Nineteen new educable classes were under way, as of October 1, 1965, with several others in the process of being organized. Seven counties will have full-time classes for the first time during 1965-1966.

III. STATE BOARD OF VOCATIONAL EDUCATION

1. Division of Vocational Rehabilitation

The function of the Division is to assist handicapped persons to return to remunerative employment. Basic services include counseling, physical restoration, training and job placement. During the year 1964-1965, the Division rehabilitated a total of 3,913 persons, of whom 219, or approximately 5.6 per cent were classified as mentally retarded. Included in the 219 are those who had either a primary or secondary diagnosis of mental retardation.

In cooperation with the Department of Mental Health, the Division maintains a rehabilitation facility at the Colin Anderson Center. In October 1965, some 60 residents participating in the activities of the facility were on active DVR roles and an additional 51 persons had been referred for services. In similar rehabilitation centers which are maintained in the five state hospitals, approximately 20 per cent of the total caseload is considered to be mentally retarded.

Two rehabilitation counselors in the state work solely with the mentally retarded. The remaining counselors serve the mentally retarded as part of their regular caseload. It was estimated that 1,876 mentally retarded persons were receiving counselor service in October 1965, while 1,931 were in "referred" status awaiting service. A staff of 18 professional persons, including three rehabilitation counselors, works with the special secondary school programs described in the previous section.

Approximately 22 per cent of the 320 clients at the West Virginia Rehabilitation Center at Institute on October 27, 1965 was considered to be mentally retarded, as was 45 per cent of the 31 clients served in the multi-disability sheltered workshop at the Center. Project #957, an eight weeks' adjustment and evaluation program for retarded girls from ages 16 to 21, served some 200 girls during the three years of its operation at the Center (ending June 30, 1965). This prevocational program has now been incorporated into the regular program of the Rehabilitation Center. It has been expended in duration to a minimum of six months, with a possible maximum of 18 months, and now includes males as well as females. In October 1965, 15 females and 7 males were enrolled in the program.

IV. WEST VIRGINIA DEPARTMENT OF MENTAL HEALTH

This department has responsibility for the care of mentally retarded persons in residence at the Colin Anderson Center and at the five state mental hospitals. Also under its jurisdiction are the seven guidance clinics in the state and the Day Care Center in Charleston to service the retarded on the waiting list for the Colin Anderson Center.

The Colin Anderson Center, which is the state's only residence for retarded children, had 427 on the active list as of June 30, 1965, of whom 49 were over age 24. (Appendix E, Table 4). Fifty-two were on leave on that date. During the year 1964-65, new admissions totalled 128, while 149 children remained on the waiting list as of June 30, 1965. The opening of 100 additional beds in September 1965 provided some temporary and partial relief for the waiting list. (November 1965—105 children listed.)

Mentally retarded adults are cared for in five state mental hospitals where they are placed in wards with the mentally ill. As of June 30, 1965, an estimated 1,200 persons under the primary diagnosis of "Mental Deficiency" were on the active resident list. Of this number, 14 were under age 14. (Appendix E, Table III). Presumably some of the 2,263 persons on leave at that time were also diagnosed in this category.

Seven guidance clinics are located throughout the state. The mentally retarded who receive service make up but a small percentage of the total caseload, with services being primarily diagnostic, referral and parent counseling.

The Day Care Center in Charleston provides care for 25 retarded children, under the supervision of a professionally trained supervisor assisted by a staff of practical nurses.

V. WEST VIRGINIA DEPARTMENT OF WELFARE

1. Child Welfare Division

Services of this division are in the areas of prevention, direct care and counseling. Preventive services include casework services to children in their own homes who are neglected or abused, casework services to unwed mothers and placement of children in more stimulating environments, either in foster family or adoptive homes. The Division also provides day care services including the development of family day care homes and the purchase of day care from licensed day care centers.

Direct care is provided for a number of mentally retarded children in foster homes or in institutions. In addition, the Child Welfare Division serves, indirectly or through casework and supervision, a number of mentally retarded older children on probation and some unmarried mothers. Some counseling of parents of retarded children is also provided.

2. Division of Family Services

Financial assistance is offered to the mentally retarded who meet the eligibility requirements for Old Age Assistance, Aid to the Permanently and Totally Disabled or General Assistance. Payments are usually made to legal committees to insure that basic subsistence needs are met and to prevent exploitation. However, the mentally retarded individual may receive payment in his own behalf provided there is a competent adult available to supervise the spending of the money. The payment may be used to purchase care in a private home or group facility if such living arrangements are in the best interest of the individual.

Mentally retarded recipients of financial assistance are eligible for professional services within the scope of the medical services program, transportation to medical care facilities when necessary and remedial medical services directed toward self-care and the prevention of institutionalization. Counseling services are directed toward helping the individual maintain his appropriate role within the family; helping him secure suitable education, training and employment opportunities; and, for the institutionalized, helping make arrangements for housing and care when discharged. Referral services to other agencies are provided to the mentally retarded and family members. Particular attention is given to providing whatever services are necessary to insure that children of mentally retarded parents are able to develop their full potential.

3. Division of Crippled Children's Services

The major services of the Division, —orthopedic, cardiac, plastic and seizure, are provided to all crippled children determined to be medically and financially eligible, including the mentally retarded. Referrals are not presently accepted solely on the basis of a primary diagnosis of mental retardation.

During the fiscal year 1964 a total of 424 retarded children received service from the Division. The total amount spent on these cases was approximately $40,000. During the fiscal year 1965 the total amount expended on services to crippled children who were mentally retarded was increased to $69,000.

VI. WEST VIRGINIA DEPARTMENT OF EMPLOYMENT SECURITY

Local offices of the Department, through Selective Placement Program, serve handicapped individuals, including the mentally retarded, who have reached employable age and who are prepared to enter the labor market. In this program, the capacities of the individual are evaluated and placement is made on the basis of matching his capabilities, interests and education or training to the specific requirements of the job, or of available vocational training. When no suitable job orders are at hand, job development may be attempted by telephoning or visiting employers known to hire handicapped individuals.

VII. WEST VIRGINIA COMMISSION OF PUBLIC INSTITUTIONS

There is no program specifically for the mentally retarded in those institutions under the jurisdiction of the Commissioner, although many in the correctional institutions are presumed to be below average in intelligence.

SERVICES PROVIDED BY VOLUNTARY AGENCIES

Several voluntary agencies within West Virginia provide some services to the mentally retarded. The Society for Crippled Children and Adults, the Cerebral Palsy Association, Family Service and Goodwill Industries, all include some mentally retarded persons in their regular caseloads. The agencies which have been most involved in initiating and carrying on programs for the retarded are the West Virginia Association for Retarded Children, Inc. and the county councils for retarded children.

Services sponsored by these latter groups include two sessions at a residential camp, one five-day residential camp, five sheltered workshops, one day care nursery, two socialization groups for young children, and several training, socialization and recreation programs.

A DEBT OF GRATITUDE

The citizens of the state owe a debt of gratitude to the many individuals and groups in West Virginia who have tirelessly contributed both effort and funds to initiate or to improve services for the mentally retarded. The West Virginia Commission on Mental Retardation extends its thanks to the many organizations, including churches, the Federation of Women's Clubs, Civitans, United Commercial Travelers, Jaycees, local garden clubs, chapters of the West Virginia Association for Mental Health, as well as to countless individuals who have worked to make life for the mentally retarded more worthwhile.

APPENDIX D–Chart I

DEFINITIONS OF MENTAL RETARDATION AND SUBCLASSIFICATIONS

Employment Security	Education	Vocational Rehab.	Health	Mental Health	Welfare	Public Institutions
No formal definition	Exceptional Children between ages 3 & 21 who are educable but who differ from the average or normal in physical, mental or emotional characteristics to the extent that they cannot be educated safely or profitably in the regular grades of the public school and for whom special education provision needs to be made in order to educate them in accordance with their capacities, limitations and needs.	For general purposes, this department uses the definition of the AAMD*	For general purposes, this department uses the definition of the AAMD*	A mentally retarded person is one having an inadequately developed or impaired intellect, and who because thereof is significantly disabled in his ability to learn and to adapt to the demands of society.	For general purposes, this department uses the terminology of the AAMD*	No formal definition

SUBCLASSIFICATIONS OF MENTAL RETARDATION

No criteria for subclassifications	Educable=IQ 50-75 Trainable=IQ 25-50	Eligibility— I.Q. 55-70 eligible for service I.Q. 40-55 questionable I.Q. below 40 non-employable	Uses AAMD* subclassifications: Mild Moderate Severe Profound	For purposes of our Central data collection, uses Psychiatric Asso. nomenclature. Mild subnormality Moderate subnormality Severe subnormality **Genetic usage:** Mental subnormality COLIN ANDERSON CENTER uses AAMD* subclassifications	No criteria for subclassifications	No criteria for subclassifications.

*AAMD—American Association on Mental Deficiency.

APPENDIX D–Chart II

TYPE OF SERVICES FOR THE MENTALLY RETARDED BEING OFFERED

by

WEST VIRGINIA STATE DEPARTMENTS

TYPE OF SERVICE:	I. Department of Health					II. Dept. of Education Div. of Special Educ. State (s) County (c)	III. State Board of Voc. Educ- Div. of Vocational Rehab.
	Div. of Maternal and Child Health		Bureau of Public Health Nursing	Div. of Dental Health	Bureau of Nutrition		
	C. &. E. Clinics	General					
HEALTH SERVICES:							
Case Finding	X	X	X	—	—	—	X
Prevention	X	X	X	—	X	X(c)	X
Medical Diagnosis	X	X	—	—	—	—	X
Medical	X	X	—	—	—	—	X
Nutritional	X	X	—	—	X	—	X
Medical Counseling—Client	X	X	—	—	—	—	X
Medical Counseling—Parent	X	X	—	—	—	—	X
Medical Interpreting	X	X	—	—	—	X(c)	X
Visiting Nurse	X	X	X	—	—	—	—
Dental	—	—	—	X	—	—	X
Speech and Hearing	X	X	—	—	—	X(c)	X
PSYCHOLOGICAL SERVICES:							
Diagnosis	X	—	—	—	—	X(c) (s)	X
Counseling—Client	X	—	—	—	—	X(c)	X
Counseling—Parent	X	—	—	—	—	X(c)	X
EDUCATIONAL SERVICES:							
Special Classes							
Educable (IQ 50-75)	—	—	—	—	—	X(c)	—
Trainable (IQ 25-49)	—	—	—	—	—	X(c)	—
SOCIAL SERVICES							
Counseling	X	X	—	—	—	—	X
Financial Aid:							
A.P.T.D.	—	—	—	—	—	—	—
O.A.A.	—	—	—	—	—	—	—
Other	X	X	—	—	—	—	X

APPENDIX D–Chart II

TYPE OF SERVICE	IV. DEPT. OF MENTAL HEALTH				V. DEPT. OF WELFARE			VI. DEPT. OF EMPLOYMENT SECURITY
	State Mental Hospital	Colin Anderson Center	Guidance Clinics	Day Care Center	Div. of Crippled Children	Div. of Child Welfare	Div. of Family Services	Local Offices
HEALTH SERVICES: Case finding	X	X	X	X	X	X	—	—
Prevention	—	—	—	—	X	X	—	—
Medical Diagnosis	X	X	X	X	X	X	—	—
Medical	X	X	X	—	X	X	—	—
Nutritional	X	X	—	—	—	—	—	—
Medical Counseling—Client	X	X	X	—	X	—	—	—
Medical Counseling—Parent	X	X	X	—	X	—	—	—
Medical Interpreting	X	X	X	X	X	—	—	—
Visiting Nurse	—	—	—	—	X	—	—	—
Dental	X	X	—	—	X	X	—	—
Speech and Hearing	—	—	—	—	X	—	—	—
PSYCHOLOGICAL SERVICES: Diagnosis	X	X	X	X	X	X	X	—
Counseling—Client	X	X	X	X	—	X	X	—
Counseling—Parent	X	X	X	X	--	X	—	—
EDUCATIONAL SERVICES: Special Classes Educable (IQ 50-75)	—	X	—	—	—	—	—	—
Trainable (IQ 25-49)	—	X	—	—	—	—	—	—
SOCIAL SERVICES: Counseling	X	X	X	X	X	X	X	—
Financial Aid: A.P.T.D.	—	—	—	—	—	—	X	—
O.A.A.	—	—	—	—	—	—	X	—
Other	—	—	—	—	—	—	X	—

APPENDIX D–Chart II

TYPE OF SERVICE:	I. Department of Health					II. Dept. of Education Div. of Special Educ.	III. State Board of Voc. Educ. Division Vocation Rehab.
	Div. of Maternal and Child Health		Bureau of Public Health Nursing	Div. of Dental Health	Bureau of Nutrition		
	C. & E. Clinics	General					
VOCATIONAL HABILITATION & PLACEMENT SERVICES:							
Sheltered Workshop	—	—	—	—	—	—	X
Counseling	—	—	—	—	—	X(c)	X
Physical Restoration	—	—	—	—	—	—	X
Training	—	—	—	—	—	—	X
Job Placement	—	—	—	—	—	—	X
Special Education—Rehabilitation	—	—	—	—	—	X(c)	X
DAY, RESIDENTIAL CARE: Custodial Care	—	—	—	—	—	—	—
Foster Home Care	—	—	—	—	—	—	—
Residential Placement Service	—	—	—	—	—	—	X
Transitional Residential Care	—	—	—	—	—	—	X
OTHER SERVICES: Training of Personnel	X	X	X	—	X	X(c) (s)	X
Public Information	X	X	X	—	X	X(c) (s)	X
Referral Service	X	X	X	—	—	X(c) (s)	X

APPENDIX D–Chart II

TYPE OF SERVICE	IV. DEPT. OF MENTAL HEALTH				V. DEPT. OF WELFARE			VI. DEPT. OF EMPLOYMENT SECURITY
	State Mental Hospital	Colin Anderson Center	Guidance Clinics	Day Care Center	Div. of Crippled Children	Div. of Child Welfare	Div. of Family Services	Local Offices
VOCATIONAL HABILITATION & PLACEMENT SERVICES:								
Sheltered Workshop	—	—	—	—	—	—	—	—
Counseling	X	X	—	—	—	—	—	X
Testing	—	—	—	—	—	—	—	X
Physical Restoration	X	X	—	—	—	—	X	—
Training	X	—	—	—	—	—	—	—
Job Placement	X	X	—	—	—	—	—	X
Special Education— Rehabilitation	— —	— —	— —	— —	— —	— —	— —	— —
DAY, RESIDENTIAL CARE: Custodial Care	X	X	—	—	—	—	—	—
Foster Home Care	—	—	—	—	—	X	—	—
Residential Placement Service	X	X	—	—	—	X	X	—
Transitional Residential Care	X	—	—	—	—	—	—	—
OTHER SERVICES: Training of Personnel	X	X	X	X	X	X	X	—
Public Information	X	X	X	X	X	X	X	—
Referral Service	X	X	X	X	X	X	X	X

APPENDIX E-Table I

ESTIMATED MENTALLY RETARDED IN WEST VIRGINIA

By Age Grouping—1964

AREA	1964 Est. Population***	Age Under 6**	Age 6 to 19**	Age 20 to 25**	Age 26 & Over**	Total All Ages
I	207,797	850	1,490	370	3,530	6,240
II	152,660	620	1,090	280	2,590	4,580
III	141,525	580	1,010	250	2,400	4,240
IV	149,427	610	1,060	270	2,540	4,480
V	392,426	1,600	2,800	700	6,670	11,770
VI	190,915	780	1,360	350	3,240	5,730
VII	245,513	1,000	1,750	440	4,170	7,360
VIII	126,798	520	910	230	2,150	3,810
IX	74,175	300	530	140	1,260	2,230
X	114,764	460	820	210	1,950	3,440
Total	1,796,000	7,320	12,820	3,240	30,500	53,880

*3% of estimated 1964 population, as follows:

Age under 6 years	=	.41%
6 - 19 years	=	.71%
20 - 25 years	=	.18%
25 years and over	=	1.70%
Total		3.00%

**Figures in each column have been rounded to the nearest 10.

***U. S. Bureau of the Census; county totals allocated by Dept. of Agricultural Economics and Rural Sociology, West Virginia University.

For simplification, the estimated total number of mentally retarded persons in West Virginia has been rounded to 54,000.

APPENDIX E–Table II

SPECIAL CLASSES IN WEST VIRGINIA

1964 - 1965

AREA	ELEMENTARY SCHOOLS				SECONDARY SCHOOLS		TOTAL	
	No. Classes Educable	No. Classes Trainable	No. Classes Combined	No. Pupils Enrolled	No. Classes Educable	No. Pupils Enrolled	Number Classes	No. Pupils Enrolled
I	9	1	2	189	3	56	15	245
II	5	—	—	65	—	—	5	65
III	11	1	—	178	—	—	12	178
IV	2	2*	—	53	—	—	4	53
V	20	2	1*	296	4	120	27	416
VI	13	3**	—	194	13	224	29	418
VII	11	—	1	169	—	—	12	169
VIII	11	2	3	226	—	—	16	226
IX	1	—	—	14	—	—	1	14
X	14**	1*	—	189	1	9	16	198
TOTAL	97	12	7	1,573	21	409	137	1,982

*1 class—part-time
**3 classes—part-time
Statistics from Division of Special Education

APPENDIX E-Table III

MENTALLY RETARDED RESIDENTS IN 6 STATE INSTITUTIONS

By Age Grouping (June 30, 1965)

INSTITUTION	Age UNDER 15	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65 & over	TOTAL
COLIN ANDERSON CENTER*	247	131	37	9	1	—	2	427
STATE HOSPITALS**								
Barboursville	—	—	17	49	38	39	46	189
Huntington	4	23	71	67	59	58	30	312
Lakin	9	24	11	22	6	3	2	77
Spencer	1	28	25	43	40	42	21	200
Weston	—	55	60	123	100	60	27	425
TOTAL, 5 HOSPITALS	14	130	184	304	243	202	126	1,203
GRAND TOTAL	261	261	221	313	244	202	128	1,630

*Residents of Colin Anderson Center with primary diagnosis of "Mental Deficiency", codes 60-62.3 and "Mental Disorder (Chronic Brain Syndromes)", codes 10-10.3, 12.1, 14.0, 14.1-14.5 and 16.0.

**Resident of state hospitals with primary diagnosis of "Mental Deficiency", codes 60-62.3.

Statistics from West Virginia Department of Mental Health.

APPENDIX E–Table IV

MENTALLY RETARDED RESIDENTS IN COLIN ANDERSON CENTER*

By Age Grouping and Degree of Disability

(June 30, 1965)

DEGREE OF DISABILITY	Age Under 15	Age 15-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65 & Over	TOTAL
MILD	14	4	3	1	—	—	—	22
MODERATE	26	26	9	6	1	—	—	68
SEVERE	182	73	20	2	—	—	2	279
SEVERITY NOT SPECIFIED	25	28	5	—	—	—	—	58
TOTAL	247	131	37	9	1	—	2	427

*Residents with primary diagnosis of "Mental Deficiency", codes 60-62.3 and "Mental Disorder (Chronic Brain Syndromes)", codes 10-10.3, 12.1, 14.0, 14.1-14.5 and 16.0.

Statistics from West Virginia Department of Mental Health.

APPENDIX F

COMMISSIONERS

Dr. M. Mitchell-Bateman, Director Chairman of the Commission	Department of Mental Health
Mr. Clement R. Bassett, Director	Commission of Employment Security
Mr. Chauncey Browning, Jr., Commissioner	Commission on Public Institutions
Dr. N. H. Dyer, Director	Department of Health
Mr. F. Ray Power, Director	Division of Vocational Rehabilitation
Mr. Rex M. Smith, Superintendent	State Department of Education
Mr. L. L. Vincent, Commissioner	Department of Welfare

APPENDIX G

ADVISORY COMMITTEE

MR. WILLIAM BINDERMAN	Beckley, West Virginia
MRS. FRANK H. BUTTS	Charleston, West Virginia
MR. WILLIAM R. CARSON	Wheeling, West Virginia
MR. J. J. DiNICOLA	Vienna, West Virginia
MR. ROBERT D. DOYLE	Martinsburg, West Virginia
MRS. MARY JANE HOBART	War, West Virginia
DR. W. GENE KLINGBERG	Morgantown, West Virginia
DR. HENRIETTA L. MARQUIS	Charleston, West Virginia
MRS. O. W. McGHEE	Huntington, West Virginia
MRS. JOHN McNEIL, JR.	St. Albans, West Virginia
DR. ROBERT H. NEFF	Morgantown, West Virginia
MRS. HOWARD STALLARD	Williamson, West Virginia
MRS. WAYNE TRUMAN	Fayetteville, West Virginia
MRS. JAMES L. YEAGER	South Charleston, West Virginia
DR. CHARLES F. YOUNG	Wheeling, West Virginia

APPENDIX H

OFFICE STAFF

DR. ALLEN BLUMBERG	Planning Coordinator
MISS PATRICIA R. GROSS	Assistant Planning Coordinator
RUSSELL H. McQUAIN, JR.	Director of Community Development
MRS. MARY ANNE COOK	Secretary
MRS. PETE COLE	Stenographer
MR. CHARLES LOWE	Office Assistant

LEGAL CONSULTANT

MR. THOMAS B. YOST

APPENDIX J

REGIONAL CITIZENS COMMITTEES ON MENTAL RETARDATION

AREA I—Brooke, Hancock, Marshall, Ohio, Tyler and Wetzel Counties

CHAIRMEN: Dr. Charles F. Young, Wheeling and William Carson, Wheeling

Mr. Samual Scaffiedi.....Wheeling
Miss Brenda McDougal.....Elm Grove
Mr. Carl Anderson.....Wheeling
Miss Muriel Wiley.....Pine Grove
Mrs. L. L. Wilson .....Wheeling
Mr. William McNeil, Jr.....Wheeling
Mrs. Alice Eichelkraut .....Wheeling
Mrs. Russell Nesbitt .....Wheeling
Rev. Leslie R. F. Papp .....Moundsville
Mr. Lester Doak.....Paden City
Mrs. Ramona Hines .....New Cumberland
Mrs. Frank J. Robb .....Weirton

AREA II—Marion, Monongalia, Preston, Taylor

CHAIRMAN: Dr. W. Gene Klingberg, Morgantown

Miss Dorcas Herbert.....Morgantown
Mr. John Panza .....Morgantown
Mrs. Thomas Brennan.....Morgantown
Mrs. F. W. Miltenberger .....Morgantown
Mrs. Helen Godfrey .....Morgantown
Dr. Ruth Phillips .....Morgantown
Mrs. M. W. Wilfong .....Fairmont
Mrs. W. T. Lawson .....Fairmont

AREA III—Braxton, Doddridge, Gilmer, Harrison, Lewis, Upshur

CHAIRMAN: Dr. Banks Wilburn, Glenville

Dr. Arthur Bryant .....Clarksburg
Mr. William Jacks .....Sutton
Mr. Bill Chambers .....Weston
Mrs. Kenneth L. Booth .....Weston
Mrs. Jack Gocke .....Bridgeport

AREA IV—Calhoun, Jackson, Pleasants, Ritchie, Roane, Wirt, Wood

CHAIRMAN: J. J. DiNicola, Vienna

Mr. Victor Cales.....Ravenswood
Mr. Thomas R. Braun .....Parkersburg
Dr. B. L. Coffindaffer .....Parkersburg
Mrs. J. K. Rogers .....Vienna
Mr. John K. Pirnstill.....Vienna
Mr. Merrill Shutts.....Parkersburg
Mr. L. Bruce White .....Parkersburg
Mrs. P. J. Corbitt, Jr. .....Parkersburg
Mrs. Samuel S. Dils .....Parkersburg
Dr. R. W. Howes .....Parkersburg

AREA V—Clay, Fayette, Kanawha, Mason, Nicholas, Putnam

CHAIRMEN: Dr. Henrietta Marquis and Mrs. Frank Butts, Charleston; Mrs. James Yeager, South Charleston; Mrs. John McNeil, Jr., St. Albans; Mrs. Wayne Truman, Fayetteville.

Mr. G. E. Lancianese .....Charleston
Mr. Emil Pogan .....Charleston
Mr. J. B. Lukowski .....South Charleston
Mrs. George Zeller .....Winfield
Mrs. H. Janet Walker .....Charleston
Mrs. David Long .....Charleston
Mr. Campbell Stevens .....Apple Grove
Mrs. Mary Frances Curren .....Charleston
Mrs. Travers Harrington .....Charleston

AREA VI—Boone, Cabell, Lincoln, Wayne

CHAIRMAN: Mrs. Sadie McGhee, Huntington

Mr. C. T. Mitchell .....Huntington
Mrs. M. Martufi .....Huntington
Mrs. S. Plymale .....Ceredo
Mrs. Cumi Bragg .....Jeffery
Mrs. Myrtle Curry .....Hamlin
Mrs. Sara Wheeler .....Huntington
Dr. Robert Hayes .....Huntington
Mrs. Offa Jenkins .....Barboursville
Mrs. Betty Jo Hawley .....Huntington
Mrs. Iva Dean Cook .....Huntington
Mrs. Darwin Harold .....Huntington
Miss Delores Dowling .....Huntington
Mr. Jonathan Lowe .....Milton
Mr. Jack Capehart .....Kenova
Mr. Grover C. Little .....Kenova
Mrs. Charles W. Ferguson .....Wayne
Mr. Norman Wright .....Ceredo
Mrs. H. Glenn Fogle .....Kenova
Mr. George Johnson .....Hamlin
Mr. Huston Smith .....Hamlin
Mrs. C. L. Wilkerson .....Hamlin
Mr. Charles Crenshaw .....Madison
Mr. Quentin Barrett .....Whitesville
Mr. Joey Myers .....Madison
Dr. O. D. MacCallum .....Madison
Mr. Ernie W. Richards .....Seth
Mr. Cornelius Williams .....Huntington
Mr. Ralph Smith .....West Hamlin

AREA VII—Logan, McDowell, Mercer, Mingo, Wyoming

CHAIRMEN: Mrs. Howard Stallard, Williamson; Mrs. Mary Jane Hobart, War

Mrs. John Sparks ..... Williamson
Miss Nancy Sue Smith ..... Williamson
Mrs. Ann Amburgey ..... Logan
Mrs. Mark Cassidy ..... Princeton
Mrs. Jewell Williamson ..... Man
Mr. James Cleveland ..... Logan
Mrs. Elsa C. Payne ..... Welch
Mrs. Mary P. Sargent ..... Welch
Mrs. Elaine Viers ..... Pineville
Mr. Stewart Gose ..... Williamson

AREA VIII—Greenbrier, Monroe, Raleigh, Summers

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Mrs. Don Bare ..... Beckley
Mrs. Nella Bailey ..... Beckley
Mr. E. S. Moran ..... Beckley
Mrs. Charlotte Edmundson ..... Beckley
Mr. Verlin Walker ..... Beckley
Mr. E. W. Elliott ..... Beckley
Mrs. Sherl J. Winter ..... Beckley

AREA IX—Earbour, Pendleton, Pocahontas, Randolph, Tucker, Webster

CHAIRMAN: Dr. Robert Neff, Morgantown

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Mrs. S. M. Lilienfield ..... Parsons
Mrs. Dorothy Hammer ..... Elkins
Dr. Thomas Cox ..... Elkins
Mrs. Thomas Cox ..... Elkins
Mr. Eakin ..... Elkins
Mr. Moor ..... Elkins
Mrs. Florentine ..... Elkins
Mr. Alva Jones ..... Weston
Mrs. Ruth Smith ..... Webster Springs
Mrs. W. T. Packer ..... Philippi
Mr. Ira L. Dadisman, Jr. ..... Philippi
Dr. Joyce Lobello ..... Philippi

AREA X—Berkeley, Grant, Hampshire, Hardy, Jefferson, Mineral, Morgan

CHAIRMAN: Mr. Robert Doyle, Martinsburg

Mr. Kenneth Grubb ..... Shepherdstown
Mrs. Elizabeth Hanlin ..... Shepherdstown
Mrs. O. S. Bloom ..... Ranson
Mr. Hoy Dove, Jr. ..... Mathias
Mr. Ralph Gwinn ..... Martinsburg
Mr. David McClung ..... Shepherdstown
Mr. Denver L. Sinnett ..... Martinsburg
Mrs. Norma Illifritz ..... New Creek
Mrs. William Snyder ..... Shepherdstown
Mr. Donald Mickey ..... Charles Town

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2. Heber, Rick, "Modifications in the Manual on Terminology and Classification in Mental Retardation," *AMERICAN JOURNAL OF MENTAL DEFICIENCY*, January, 1961, PP 499-500.

3. West Virginia Division of Vocational Rehabilitation:
A Program of Statewide Vocational Rehabilitation Services for the Mentally Retarded, Project No. R.D.957-64-C1; Principal investigator—William R. Phelps.